

P 15000054963

(Requestor's Name)

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(City/State/Zip/Phone #)

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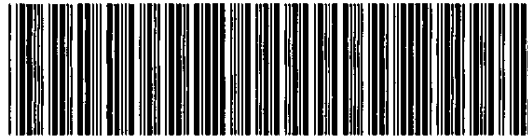
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2015

W PAINTER

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PORTFOLIO MANAGEMENT AND SOLUTIONS Co
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MIRIAM FERNANDES
Name (Printed or typed)

536 14th STREET - UNIT 106
Address

MIAMI BEACH, FL 33.139
City, State & Zip

1 (305) 205-8728
Daytime Telephone number

MIRIAMFERNANDES@ME.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: PORTFOLIO MANAGEMENT AND SOLUTIONS Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

536 14th STREET - UNIT 106

MIAMI BEACH, FL 33.139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE PORTFOLIO MANAGEMENT
ADVISORY SERVICES TO INTERNATIONAL CLIENTELE.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIRIAM FERNANDES
MANAGING PARTNER

Address: 536 14th STREET -
UNIT 106
MIAMI BEACH, FL 33.139

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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15 JUN 24 AM 8:08
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TALLAHASSEE, FL 32399

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MIRIAM FERNANDES
 Address: 536 14th STREET - UNIT 106
MIAMI BEACH, FL 33.139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIRIAM FERNANDES
 Address: 536 14th STREET - UNIT 106
MIAMI BEACH, FL 33.139

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Miriam Fernandes

Required Signature/Registered Agent

6/20/15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Miriam Fernandes

Required Signature/Incorporator

6/20/15

Date