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COVER LETTER

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

SUBJECT:	The Prestige Pre	emiam Group	Inc
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED		
FROM: Crystal Longovia Name (Printed or typed) 1310 E Cherry ST Address			
Plant City FL 33563 City, State & Zip			
	813 924 Daytime To	Α.	()20
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)

The name of the corporation shall be: The S	tige Premium Croup Inc
ARTICLE II PRINCIPAL OFFICE	Ü
Principal street address	Mailing address, if different is:
1310 E. Cherry ST	
Plant City, FL 33563	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The Corporation MA	y transact any Land
The Corporation ma husiness for which be incorporated un	der Florida Low
ARTICLE IV SHARES The number of shares of stock is: Authorized ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	
Name and Title: Crystal Longary	
Address 1310 E Cherry ST	Address:
PlANT City FL 3357	<u> </u>
Name and Title:	Name and Title
	Name and Title:
Address	Address:
	<u></u>
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Address:
	·
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box N	
Name: Crystal LongoriA	<u></u>
Address: 1310 E Cheri	y St. 5
Plant City FL	33563 S S S S S S S S S S S S S S S S S S S
ARTICLE VII INCORPORATOR	29
The name and address of the Incorporator is:	
Name: Crystal Long	Pina
Address: $\frac{1310}{210}$	herry ST FL 33563
days after the filing.)	pecific and cannot be more than five business days prior or 90 business leet the applicable statutory filing requirements, this date will not be listed as
this certificate. I am familiar with and accept the a	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
Reduired Signature/Reg	istered Agent Date
	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.
Required Signature/incorporator	Date .