P/6000/80ay

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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02/17/16--01003--020 **70.00

EFFECTIVE DATE



FEB 2 6 2018

S. GILBERT

COVER LETTER

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

SUBJECT:	Premi	er 1 Promotions Inc.			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are ar	ı origi	nal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
■ \$70. Filing F		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
			ADDITIONAL CO	PY REQUIRED	
FROM	Tim (:	othy J. Howell	e (Printed or typed)		
	1547	US Highway 1			
	Address				
	Sebastian, FL 32958				
	City, State & Zip				
	561-	702-8787			
	Daytime Telephone number				
	howelllfloridal@gmail.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		2.	The same area
The name of the corporate ARTICLE II PRINCE		N	16 FFB Mailing address, if different is: PM 1: 39
1547 US Highway 1			TALLAHASSIE CLOSE
Sebastian, FL 32958			+ CONTO
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is:	nd Promotions	
ARTICLE IV SHARI The number of shares of	ES Five (5) stock is:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	<u>z</u>	
Name and Title		Name and Title:	
Address	President & Treasurer	Address:	
	1547 US Highway 1		
	Sebastian, FL 32958	· · · · · · · · · · · · · · · · · · ·	
Name and Title:		Name and Title:	
Address		Address:	
			
Name and Title:		Name and Title:	
Address			
			<u>,</u>

Name ar	nd Title:	Name and Title:
Address	s	Address:
	<u> </u>	
	REGISTERED AGENT	No Calon manifestary I among the
i ne <u>name and r</u>	<u>lorida street address</u> (P.O. Box NOT acceptable Timothy J. Howell) of the registered agent is:
Name:	r mody 3. Howen	
Address:	1547 US Highway 1	<u> </u>
	Sebastian, FL 32958	
		
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
	Timothy J. Howell	
Name:		_
Address:	1547 US Highway 1	
	Sebastian, FL 32958	<u></u>
	EFFECTIVE DATE: February 15-2016	
	other than the date of filing:	(OPTIONAL) not be more than five business days prior or 90 business
days after the fi		inde be more than five business days prior or 20 business
Note: If the date	e inserted in this block does not meet the applical	ble statutory filing requirements, this date will not be listed as
	effective date on the Department of State's record	
Having been na this certificate, L	med as registered agent to accept service of proc Lom familiar with and accept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	14/1/1/1	2/4/1/
/N	Required Signature/Registered Agent	
T Loode at 2 - 1		Supplemental Control of the Control
document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a long as provided for in s.817.155, F.S.
Some	1 Shan	2/11/11
Poor	ured Signature/Incorporator	— — — — — — — — — — — — — — — — — — —

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