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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 APR 19 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
PAGSON SOUTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2 04/20/16

APR 19 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

04/19/2016 08:55

#337 P.002/003

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: PAGSON SOUTH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1063 HILLSBORO MILE # 403

1063 HILLSBORO MILE # 403

HILLSBORO BEACH, FL 33062

HILLSBORO BEACH, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct all activities set forth and permitted under and Florida corporation law

ARTICLE IV SHARES

200 NPV
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM GITLITZ, DIRECTOR

Name and Title:

Address

1063 HILLSBORO MILE # 403

Address:

HILLSBORO BEACH, FL 33062

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APR 19 2016 PM 1:27

CLERK OF DISTRICT COURT

From:

04/19/2016 08:55

#337 P.003/003

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: ADAM GITLITZ

Address: 1063 HILLSBORO MILE # 403

HILLSBORO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADAM GITLITZ

Address: 1063 HILLSBORO MILE # 403

HILLSBORO BEACH, FL 33062

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

X Adam Gitlitz
Required Signature/Registered Agent

4-19-16
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.

X Adam Gitlitz
Required Signature/Incorporator

4-19-16
Date

APR 19 2016 11:27

STATE OF FLORIDA
DEPARTMENT OF STATE