

PI6000042234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

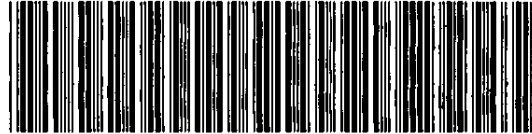
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FILED  
MAY 16 2016  
FALLA RICHIE, FLORIDA

MAY 1 2016

S. GILBERT

**COVER LETTER**

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

SUBJECT: PREMIUM GUARD GROUP INC.  
(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  
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: Raque A. Graitia  
Name (Printed or typed)

535 W 76 St  
Address

Hialeah FL 33014  
City, State & Zip

305 401-3454  
Daytime Telephone number

rocky535@comcast.net  
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: Premium Guard Group, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

535 W 76 ST  
HiALEAH FL 33104

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE VENUE STAFFING CONSULTING  
INCLUDING CROWD MANAGEMENT CONTROL  
FOR EVENTS - PARTIES - GATHERINGS.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

FILED  
16 MAY - 6 PM 1:18  
CLERK OF CIRCUIT COURT  
HALL COUNTY, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Rogue A. Grotia  
CEO

Address

535 W 76 ST  
HiALEAH FL 33014

Name and Title:

Barbara A. Grotia  
TREASURER

Address:

535 W 76 ST  
HiALEAH FL 33014

Name and Title:

Alberto C. Padro

Address

535 W 76 ST  
HiALEAH FL 33014

Name and Title:

FIELD OPERATIONS mgr

Address:

Name and Title:

Carlos E. Farinas

Address

535 W 76 ST  
HiALEAH FL 33014

Name and Title:

OPERATIONS mgr

Address:

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: ROQUE A. GOITIA  
Address: 535 W. 76 ST  
MIALEAH FL. 33014

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ROQUE A. GOITIA  
Address: 535 W. 76 ST  
MIALEAH FL. 33014


**ARTICLE VIII EFFECTIVE DATE:**

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

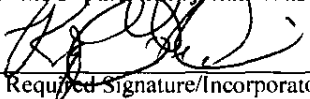
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 Required Signature/Registered Agent 5/2/16 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.*

 Required Signature/Incorporator 5/2/16 Date