

PI6000050503

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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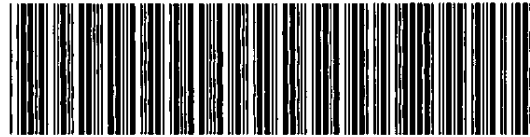
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN -6 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN - 9 2016

COVER LETTER

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

SUBJECT: Private Financial Services 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 ☐ \$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: JOHN MCCAIG
Name (Printed or typed)

3800 S. Tamiami Trail #311
Address

Sarasota, FL 34239
City, State & Zip

941-316-0141
Daytime Telephone number

contact@privatefinancialservicesgroup.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: Private Financial Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3800 S. Tamiami Trail #311
Sarasota, FL 34239

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Management

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN MCCABE - President Name and Title: _____

Address: 3800 S. Tamiami Trail #311 Address: _____
Sarasota, FL 34239

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: JOHN MCCAIG
Address: 3800 S. Tamiami Trail #311
Sarasota, FL 34239

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ARTICLE VII INCORPORATOR

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

Name: JOHN MCCAIG
Address: 3800 S. Tamiami Trail #311
Sarasota, FL 34239

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

BY: J. McCaig

Required Signature/Registered Agent

6/2/2016
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.

BY: J. McCaig

Required Signature/Incorporator

6/2/2016
Date