

P/6000072785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

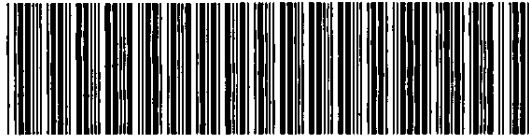
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/16--01020--024 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 29 AM 11:30

K 09/07/16

COVER LETTER

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

SUBJECT: Premier Choice Concierge 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
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: Keith Lopez
Name (Printed or typed)

13285 Lazzaro Ct
Address

Estero, FL 33928
City, State & Zip

815 236 6282
Daytime Telephone number

klopez@cfacsconsulting.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: Premier Choice Concierge Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13285 Lazzaro Ct.

Estero, FL 33928

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a variety of services to residents in south west Florida.

These services include home watch, handyman, shopping and messenger services for elderly and disabled.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ken Lopez - President

Name and Title: Keith Lopez - Secy/Treasurer

Address 13285 Lazzaro Ct

Address: 13285 Lazzaro Ct

Estero, FL 33928

Estero, FL 33928

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: Keith Lopez _____

Address: 13285 Lazzaro Ct _____

Estero, FL 33928 _____

ARTICLE VII INCORPORATOR

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

Name: Keith Lopez _____

Address: 13285 Lazzaro Ct _____

Estero, FL 33928 _____

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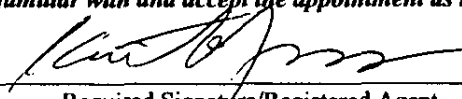
ARTICLE VIII EFFECTIVE DATE:

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

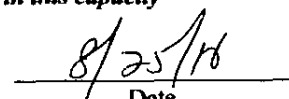
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

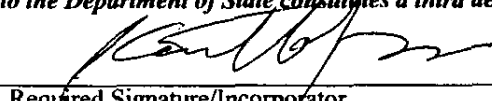


Required Signature/Registered Agent



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



Date