

P16000073013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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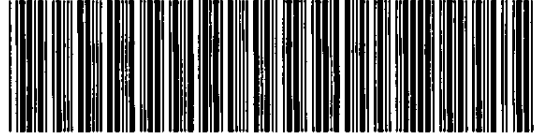
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG 29 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Primed2Grow, Corporation

(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:** Marjorie Weber  
\_\_\_\_\_  
Name (Printed or typed)  
  
455 NE 91st Street  
\_\_\_\_\_  
Address  
  
Miami, FL 33138  
\_\_\_\_\_  
City, State & Zip  
  
305 573 9294  
\_\_\_\_\_  
Daytime Telephone number  
  
mjweb2000@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Primed2Grow Corporation

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

455 NE 91st Street

Miami, FL 33138

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any legal business purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Marjorie Weber, President/Treasurer

Name and Title: Douglas Shavel, Secretary

Address 455 NE 91st Street

Address: 17871 Stonebridge Court

Miami, FL 33138

Boca Raton, FL 33498

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Address: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Marjorie Weber

Address: 455 NE 91st Street

Miami, FL 33138

**ARTICLE VII INCORPORATOR**

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

Name: Marjorie Weber

Address: 455 NE 91st Street

Miami, FL 33138

**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*

Marjorie Weber  
Required Signature/Registered Agent

8.24.2016  
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.*

Marjorie Weber  
Required Signature/Incorporator

8.24.2016  
Date