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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

PRIME WHOLESALE SUPPLY INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

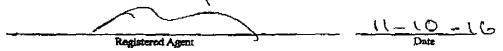
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Prime wholesale supply Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
9840 SW 20 ST
Miami FL 33145
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Arguimides Rojas (P)
5
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Arquimides Rojas
9840 SW 20 ST
Miami FL 33165
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Arquimides Rojas
9840 SW 20 ST
Migmi FL 33/45

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Required Signatures:

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



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.

