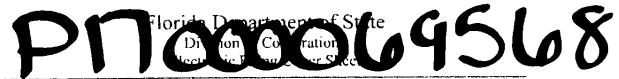
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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FLORIDA PROFIT/NON PROFIT CORPORATION

Priderock Associates, Inc.

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K. Brumbley

COVER LETTER

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SUBJECT: Price	ferock Associates, Inc.		
SUBJECT:		ATE NAME – <u>MUST INCL</u>	UDF SUFFIX)
***		• • • • • • • • • • • • • • • • • • • •	
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70:0 Filing Fe		S78.75 Filing Fee & Certified Copy	S87:50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Kathleeri Swencki		
FROM:	Nam	e (Printed or typed)	
	525 Okeechobee Blvd., Suite 1650		
•		Address	
	West Palm Beach, FL 33401		
•	City	State & Zip	
	561-653-9332		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

ksweneki@preplle.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	Priderock Associates, Inc.			
S25 Okeechobee Blvd	CIPAL OFFICE Principal street address	Mailing address, if different is:		
West Palm Beach, FL 3				
				
ARTICLE III PURPO The purpose for which to incorporated in the state	<u>DSE</u> he corporation is organized is: To engag	ge in any lawful act o	r activity for which corporation may be	
		······································		
			. پوومنت	
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<u></u>			A CG	
	• •	······································	SE 7	
 				
			F 33 (
ARTICLE IV SHAR	<u>ES</u> 1,000		Sig.	
The number of shares of	stock is:		5 7 🐱	
	L OFFICERS AND/OR DIRECTURS			
Name and Title	George W. Banks, Director	Name and Title	David N. Khoury, Director	
Address	525 Okeechobee Blvd., Suite 1650	Address:	525 Okeechobee Blvd., Suite 1650	
	West Palm Beach, FL 33401		West Palm Beach, FL 33401	
		<u>``</u> .		
Name and Title:		Name and Title	:	
Address		Address:		
1.77		1 mm.1		
Name and Tille:		Name and The	·	
Address		Address:		
				
		_ 		

Name a	nd/Fitle:	Name and Title;	· · ·
Addres	s	Address:	
	REGISTERED AGENT Inrida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	C'T Corporation System		
Address:	1200 South Pine Island Road		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Plantation, FL 33324		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Kathleen Swencki	_	
Address:	525 Okeechobee Blvd., Suite 1650		
, ,,,,,,	West Palm Beach, FL 33401		
÷	, 		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cana	(OPTIONAL) of he more than five days prior or 90 days i	after the
filing.) Note: If the dair	inserted in this block does not meet the applicable	e statutory filing requirements, this date will n	
Having been nor this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as n	is for the above stated corporation at the plac	e designated in
C T Corputation	symph III James	M. Halpin 8/17/2	2017
	Require Signature/Register ASSISTAL	nt Secretary Da	ite
I submit this doc document to the	ument and affirm that the facts stated herein an Department of State constitutes a third degree felo	true. I am aware that the false information by as provided for in \$817.155, F.S.	submitted in a
Laur	red Signature/Incorporator	8.17.	17