

P170000040354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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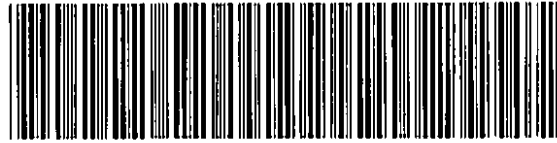
(Business Entity Name)

(Document Number)

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

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2017 OCT -9 AM 8:19

CLERK OF COURT

17 OCT -9 AM 8:24

## COVER LETTER

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

SUBJECT: Pai Corp.  
(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: JOHN P. WHITE  
Name (Printed or typed)

4715 KISSIMMEE PARK ROAD UNIT 80  
Address

SAINT CLOUD FLORIDA  
City, State & Zip

407 655 9205  
Daytime Telephone number

JPAISHIPCAP@AOL.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: PAI Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4715 KISSIMMEE PARK Rd unit 80 SAINT CLOUD, FLORIDA 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRADING

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 (one million shares)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN P. White Name and Title: President

Address: 4715 KISSIMMEE Address: \_\_\_\_\_  
PAULK Rd. Unit 80 \_\_\_\_\_  
SAINT CLOUD FL 34772 \_\_\_\_\_

Name and Title: DANIEL Fucetola Name and Title: Vice President

Address: 428 Jupiter Lakes Blvd Address: \_\_\_\_\_  
APT 119 \_\_\_\_\_  
Jupiter, FL 33458 \_\_\_\_\_

Name and Title: Mrs. Sophie Seng Name and Title: Secretary

Address: 4522 SEMINOLE ST. Address: \_\_\_\_\_  
FORT MEYERS FLA \_\_\_\_\_  
33905 \_\_\_\_\_

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 P. WHITE

Address: 4715 KISSIMMEE PARK ROAD  
UNIT 50 SAINT CLOUD FL. 34772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN P. WHITE

Address: 4715 KISSIMMEE PARK ROAD  
UNIT 50. SAINT CLOUD

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: OCT. 9. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

John P. White  
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.*

John P. White  
Required Signature/Incorporator

\_\_\_\_\_  
Date