

P170003381264

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170003388123))



H170003388123ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-5381

From: Account Name : FASIKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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 InsureSolutions Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 DEC 27 PM 12:52

FILED

DEC 28 2017

K. PAGE

17 DEC 27 PM 3:44

Electronic Filing Menu

Corporate Filing Menu

Help

Prime InsureSolutions Inc.

ATX:

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: Prime InsureSolutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
14348 SW 23 LANE

Mailing address, if different is:

MIAMI, FL 33175-8036

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful business permitted under the laws of the United States of America and the laws of the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 27 PM 12: 52

FILED

ARTICLE IV SHARES

The number of shares of stock is: 500 shares @ 1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Zaldia, President

Name and Title: Nicole Virginia Benitez, Vice Pres

Address: 14348 SW 23 Lane
Miami, Florida 33175

Address: 10700 SW 108 Avenue, unit C301
Miami, Florida 33176

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: Michael Zaldia

Address: 14348 SW 23 Lane

Miami, Florida 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Zaldia

Address: 14348 SW 23 Lane

Miami, Florida 33175

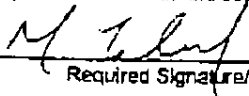
ARTICLE VIII EFFECTIVE DATE:

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 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.

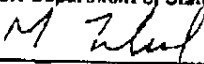
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/26/2017
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

12/26/2017
Date

FILED
 2017 DEC 27 PM 12: 52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA