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2020 JAN 22 11:12:20

20 JAN 22 PM 12:25

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## COVER LETTER

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

SUBJECT: **PRESTIGE SELF STORAGE SERVICES 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: OLGA HERNANDEZ  
Name (Printed or typed)

9010 SW 137 AVE SUITE 205  
Address

MIAMI, FL 33186  
City, State & Zip

786-422-4209  
Daytime Telephone number

OLGA@ITAXPROFESSIONAL.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: PRESTIGE SELF STORAGE SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13284 SW 108 ST CIR

13284 SW 108 ST CIR

MIAMI, FL 33186

MIAMI, FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: MEDINA, AMBERLIN, PRESIDENT

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

Address 13284 SW 108 ST CIR

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

MIAMI, FL 33186

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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20 JAN 22 PM 12:25  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: MEDINA,AMBERLIN  
Address: 13284 SW 108 ST CIR  
MIAMI, FL 33186

FILED  
20 JAN 22 PM 12:25  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: MEDINA,AMBERLIN  
Address: 13284 SW 108 ST CIR  
MIAMI, FL 33186

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/21/2020 (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*

Amberlin Medina

Amberlin Medina (Jan 21, 2020)

Required Signature/Registered Agent

01/21/2020

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.*

Amberlin Medina

Amberlin Medina (Jan 21, 2020)

Required Signature/Incorporator

01/21/20

Date