

1/30/2020

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PLATINUM CONTRACTORS INC

Certificate of Status	0
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Electronic Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PLATINUM CONTRACTORS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address10629 NW 54th STREETDORAL, FL 33178

Mailing address, if different is:

10629 NW 54th STREETDORAL, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS AND AS A STAFFING AGENCY**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALICIA JAVIER (P/D)

Name and Title: _____

Address 10629 NW 54th STREET

Address: _____

DORAL, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ALICIA JAVIERAddress: 10629 NW 54th STREETDORAL, FL 33178ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ALICIA JAVIERAddress: 10629 NW 54th STREETDORAL, FL 33178ARTICLE 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

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 / Registered Agent01/29/2020
DateFILED
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TALLAHASSEE, FLORIDA