

P20000059218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

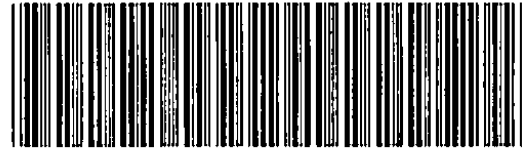
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/20--01023--004 *

2020 JUL 21 PM 3:29
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: PREMIER PLANNING AND INVESTMENT
(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:

Dave Jacobson

Name (Printed or typed)

901 S. Federal Hwy #201

Address

FT. LAUDERDALE, FL 33316

City, State & Zip

954-467-3191

Daytime Telephone number

dave.lawjacobson.com

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

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

2020 JUL 21 PM 3:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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: PREMIER PLANNING AND INVESTMENTS

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

901 S Federal Hwy #201
FT LAUDERDALE, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LONNIE MOSS, President

Name and Title:

Address: 901 S Federal Hwy #201
FT Lauderdale, FL 33316

Address:

Name and Title: Harold Phillips, Secretary

Name and Title:

Address: 901 S Federal Hwy #201
FT Lauderdale, FL 33316

Address:

Name and Title:

Name and Title:

Address:

Address:

2020 JUL 21 PM 3:29
STATE
NOTARIAL

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:

Daniel A Jacobson

Address:

901 S Federal Hwy #201
FT. Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

LONNIE MOSS

Address:

901 S Federal Hwy #201
FT Lauderdale, FL 33316

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 filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 on the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

7/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lannie Moss
Required Signature/Incorporator

7/18/2020
Date

2020 JUL 21 PM 3:29
STATE
OFFICE, FL