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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I2000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PREMIA INVESTMENT ADVISORS INC.**

Certificate of Status	0
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Page Count	05
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M. MOON

JAN 15 2021



January 11, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: PREMIA INVESTMENTADVISORS INC.
REF: W21000002565

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KYLE D BRUMBLEY FAX Aud. #: H21000005146
Regulatory Specialist II Supervisor Letter Number: 921A00000554
Registration Section

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January 7, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SUBJECT: PREMIA INVESTMENT ADVISORS INC.
REF: W21000001255

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Matthew T Moon FAX Aud. #: H21000005146
Regulatory Specialist II Supervisor Letter Number: 821A00000306
New Filing Section

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Premia Investment Advisors Inc.

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kirsten Gaeta

Name (Printed or typed)

c/o Clifford Chance US LLP, 31 West 52nd Street

Address

New York, NY 10019

City, State & Zip

212 878-8097

Daytime Telephone number

kirsten.gaeta@cliffordchance.com

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

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

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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: Premia Investment Advisors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

One Town Center, Suite 600, One Town Center Rd.
Boca Raton, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the
Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 , par value of \$0.01 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William O'Farrell - Director

Name and Title: _____

Address One Town Center, Suite 600,

Address: _____

One Town Center Road

Boca Raton, FL 33486

Name and Title: Leigh Oates - Director

Name and Title: _____

Address One Town Center, Suite 600,

Address: _____

One Town Center Road

Boca Raton, FL 33486

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL 32304

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kirsten Gaeta
Address: c/o Clifford Chance US LLP
31 West 52nd Street, NY, NY 10019

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TALLAHASSEE, FL 32301

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

Shanda E. Blum
Required Signature/Registered Agent

01/05/2021
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.

Kirsten Gaeta
Required Signature/Incorporator

Date 1/5/21