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Division of Corporations
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To:

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****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 LEVEL STORE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

J. FASON
FEB 18 2021

2021 FEB 17 AM 9:04

2021 FEB 17 PM 2:54

COVER LETTER

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

SUBJECT: PRIME LEVEL STORE, 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: VIKTORIA GALAI
Name (Printed or typed)

4000 HOLLYWOOD BLVD, STE 555-SOUTH
Address

HOLLYWOOD, FL 33021
City, State & Zip

(808)631-5784
Daytime Telephone number

PRIMESTOREINC2021@YAHOO.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 NAMEThe name of the corporation shall be: PRIME LEVEL STORE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4000 HOLLYWOOD BLVD, STE 555-SOUTH4000 HOLLYWOOD BLVD, STE 555-SOUTHHOLLYWOOD, FL 33021HOLLYWOOD, FL 33021**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GALAI, VIKTORIIA - P

Name and Title: _____

Address 4000 HOLLYWOOD BLVD, STE 555-SOUTH

Address: _____

HOLLYWOOD, FL 33021

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 FEB 17 AM 9:04

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: GALAI, VIKTORIIA
 Address: 4000 HOLLYWOOD BLVD, STE 555-SOUTH
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GALAI, VIKTORIIA
 Address: 4000 HOLLYWOOD BLVD, STE 555-SOUTH
HOLLYWOOD, FL 33021

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 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

Viktoriiia Galai _____ 02/15/2021 _____
 Required Signature/Registered Agent 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.

Viktoriiia Galai _____ 02/15/2021 _____
 Required Signature/Incorporator Date

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