

P21000033438

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000147981 3)))



H210001479813ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
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 VEHICLES SALES, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH
APR 15 2021

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04/13/2021 BY 60322

FILED

2021 APR 14 AM 11:07

2021 APR 14 AM 8:30

REGISTRATION
SERVICES

COVER LETTER

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

SUBJECT: PRIME VEHICLES SALES, 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: EVALDAS GINKUS
Name (Printed or typed)

18401 COLLINS AVE 1214
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

(754)240-2825
Daytime Telephone number

TADUSA1232@GMAIL.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 VEHICLES SALES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address18401 COLLINS AVE 1214SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

18401 COLLINS AVE 1214SUNNY ISLES BEACH, FL 33160**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: EVALDAS, GINKUS - P

Name and Title: _____

Address 18401 COLLINS AVE 1214

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 APR 14 AM 11:07
SECURED
TALLAHASSEE, 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: EVALDAS, GINKUS
 Address: 18401 COLLINS AVE 1214
SUNNY ISLES BEACH, FL 33160

2021 APR 14 AM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EVALDAS, GINKUS
 Address: 18401 COLLINS AVE 1214
SUNNY ISLES BEACH, FL 33160

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

Ginkus Evaldas

Required Signature/Registered Agent

04/13/2021

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.

Ginkus Evaldas

Required Signature/Incorporator

04/13/2021

Date