

**P22000008116**

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.

((H22000046770 3)))



H220000467703ABC

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICE, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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

### Suncoast Primo Management Corp

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2022 FEB -4 PM 12:32

FILED  
22 FEB -4 PM 2:59  
TREASURY OF STATE  
MAIL ROOM

**FILED****ARTICLES OF INCORPORATION**

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

**22 FEB -4 PM 2:59****ARTICLE I NAME**The name of the corporation shall be: SUNCOAST PRIMO MANAGEMENT CORP**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2200 S. OCEAN LANE UNIT 702FT. LAUDERDALE, FL 33316

Mailing address, if different is:

2200 S. OCEAN LANE UNIT 702FT. LAUDERDALE, FL 33316**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity forwhich corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTHONY BISIGNANO-PRES

Name and Title: \_\_\_\_\_

Address 2200 S. OCEAN LANE UNIT 702

Address: \_\_\_\_\_

FT. LAUDERDALE, FL 33316

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: ANTHONY BISIGNANO  
Address: 2200 S. OCEAN LANE UNIT 702  
FT. LAUDERDALE, FL 33316

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ANTHONY BISIGNANO  
Address: 2200 S. OCEAN LANE UNIT 702  
FT. LAUDERDALE, FL 33316

**FILED**  
22 FEB - 4 PM 2:59  
SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

**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 business days prior or 90 business 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:

Anthony Bisignano  
Required Signature/Registered Agent

1/26/2022  
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.

Anthony Bisignano  
Required Signature/Incorporator

1/26/2022  
Date