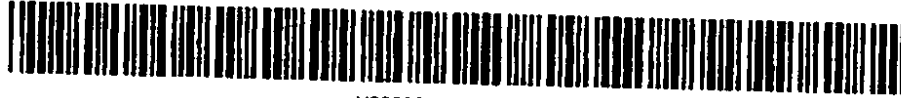


**P22000025855**

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.**

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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**\*\*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  
PRIMAL TRUST CONSULTING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

S. CHATHAM

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

PRIMAL TRUST CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11676 SW 13TH CT.

PEMBROKE PINES, FL 33025

**ARTICLE III SHARES:** The number of shares of stock is: 7500**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EDUARDO JIMENEZ (PRESIDENT)

NATALIE ORDONEZ (VP) SAME ADDRESS

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

EDUARDO JIMENEZ

11676 SW 13TH CT.

PEMBROKE PINES, FL 33025

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

EDUARDO JIMENEZ

11676 SW 13TH CT.

PEMBROKE PINES, FL 33025

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TALLAHASSEE, FLORIDA

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**Required Signatures:**

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

\_\_\_\_\_  
Registered Agent

04/04/2022

\_\_\_\_\_  
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.

\_\_\_\_\_  
Incorporator

04/04/2022

\_\_\_\_\_  
Date**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA