

P23000021161

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.

((H23000103118 3)))



H2300010311834BCT

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 : MYCOMPANYWORKS, INC.
Account Number : I20230000035
Phone : (702)362-2677
Fax Number : (702)825-2581

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

Email Address: orders@mycompanyworks.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Parmac Holdings Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAR 20 PM 12:35

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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: Parmac Holdings Corp

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

638 Misty Breeze St

Davenport, FL 33897

ARTICLE III PURPOSE

The purpose for which the corporation is organized is Any and all lawful business

ARTICLE IV SHARES

1,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Parent - Director, President, Treasurer

Name and Title: Karen McAndrew - Director, Vice Pres. Secy

Address: 638 Misty Breeze St

Address: 638 Misty Breeze St

Davenport, FL 33897

Davenport, FL 33897

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
23 MAR 20 PM 12:35
SECRETARY OF STATE
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: Daniel Parent _____
 Address: 638 Misty Breeze St _____
 Davenport, FL 33897 _____

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Daniel Parent _____
 Address: 638 Misty Breeze St _____
 Davenport, FL 33897 _____

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.

 Required Signature Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature Incorporator

FILED
 23 MAR 20 PM 12:35
 SECRETARIAT OF
 TREASURY
 FLORIDA