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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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

Email Address: ______________________________

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FLORIDA PROFIT/NON PROFIT CORPORATION

PRIME BIBA MULTI-TRADE USA INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	$70.00

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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: PRIME BIBA MULTI-TRADE USA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N
STE 300
St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N
STE 300
St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in retail and wholesale trade such as but not limited to school supplies, soft drinks beverages and other grocery items.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILLONES, VICTOR (D,P)
Address: 7901 4th St N, STE 300, St. Petersburg, FL 33702

Name and Title: LAYLO, GLENDA (D)
Address: 7901 4th St N, STE 300, St. Petersburg, FL 33702

Name and Title: BASALLO, ABIGAIL KRISTINE (D,S)
Address: 7901 4th St N, STE 300, St. Petersburg, FL 33702

Name and Title: BILLONES, SHERWIN (D)
Address: 7901 4th St N, STE 300, St. Petersburg, FL 33702

Name and Title: BASALLO, ORLANDO (D,T)
Address: 7901 4th St N, STE 300

Name and Title:
Address:

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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: Registered Agents Inc

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Registered Agents Inc

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

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SECRETARY OF STATE
TALLAHASSEE, 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 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

David Roberts

Required Signature/Registered Agent

1/22/2024

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.