

P2400000401609

(Requestor's Name)

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(City/State/Zip/Phone #)

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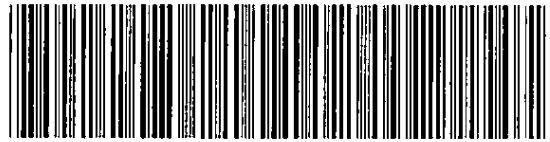
(Business Entity Name)

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## COVER LETTER

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

SUBJECT: Premier Integrated Services, Corp.  
(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: Samuel Ballinger  
Name (Printed or typed)

15934 Nottingham Drive  
Address

Lutz, Florida 33548  
City, State & Zip

813-401-9018  
Daytime Telephone number

Ballinger@ResoluteLaw.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Premier Integrated Services, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15925 Dovercliffe Dr  
Lutz, Florida 33548

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: <u>Samuel Ballinger</u> <u>President</u>	Name and Title: <u>Ryan Nester (Secretary)</u>
Address: <u>15934 Nottingham Dr</u> <u>Lutz, FL 33548</u>	Address: <u>17109 Orangewood Dr</u> <u>Lutz, FL 33548</u>

Name and Title: <u>Terence Martin (VP)</u>	Name and Title: <u>Jose Maldonado (VP)</u>
Address: <u>13036 Kain Plams CT</u> <u>Apt 6</u> <u>Tampa, FL 33612</u>	Address: <u>6249 Desert Peace Ave</u> <u>Land o Lakes, FL 33549</u>

Name and Title: <u>Jarett Peel (VP)</u>	Name and Title: <u>James Howard (VP)</u>
Address: <u>6161 Memorial Hwy</u> <u>Tampa, FL 33615</u>	Address: <u>12546 Satsuma Dr</u> <u>Springhill, FL 34610</u>

Name and Title: superior Integrated equipment <sup>VP</sup> Name and Title: \_\_\_\_\_  
Address: 15925 Dover Cliffe Dr, Address: \_\_\_\_\_  
Lutz, 33548 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Samuel Ballinger  
Address: 15934 Nottingham Dr  
Lutz, FL 33548

**ARTICLE VII INCORPORATOR**

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

Name: Samuel Ballinger  
Address: 15934 Nottingham Dr  
Lutz, FL 33548

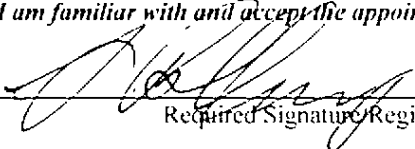
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/13/2024 (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

06/13/24  
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.*

Samuel Ballinger

06/13/24

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