

TRANSMITTAL LETTER

P99000047902

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

SUBJECT: Prime Consolidations Inc.
(Proposed corporate name - must include suffix)

700002884887--0
-05/25/99-01006--012
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARISE W. SILVA
Name (Printed or typed)

6301 N FALLS CIR DR. #200
Address

LAUDERHILL, FL 33319
City, State & Zip

(954) 4806-3022
Daytime Telephone number

FILED
99 MAY 25 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH MAY 26 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Prime Consolidations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6301 N. FALLS Circle Dr. #202
Lauderhill FL 33319

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

35

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARISE W. SILVA
6301 N FALLS Circle Dr #202
Lauderhill FL 33319

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARISE W. SILVA
6301 N. FALLS Circle Dr. #202
Lauderhill FL 33319


Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent


Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA