

1/30/23, 4:39 PM

Division of Corporations

P23000007487

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.

(((H23000039141 3)))



H230000391413ABCX

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: CONSULT3RDM@YAHOO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION**Primo Business Ventures Inc**

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

2023 JAN 30 4:52

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

DocuSign Envelope ID: 419482CC-9D07-40D0-B68C-396F971F8F7D

H23000039141

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Primo Business Ventures Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address429 Southeast Bancroft CourtPort St Lucie, FL 34984

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any Legal or Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1,000 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Paul Punzone - President/Director

Name and Title: _____

Address 429 Southeast Bancroft Court

Address: _____

Port St Lucie, FL 34984

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

H23000039141

DocuSign Envelope ID: 419482CC-9D07-40D0-B68C-396F971F8F7D

H23000039141

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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

Name: Paul Punzone

Address: 429 Southeast Bancroft Court
Port St Lucie, FL 34984

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Paul Punzone

Address: 429 Southeast Bancroft Court
Port St Lucie, FL 34984

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

 DocuSigned by: A8C387C4F5E04C8	January 30, 2023
Required Signature/Registered Agent	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.

 DocuSigned by: A8C387C4F5E04C8	January 30, 2023
Required Signature/Incorporator	Date

H23000039141