M980000000413

To: Qualification/Tax Lien Section Division of Corporations	•	,
SUBJECT: Premium Services Manag		· · · · · · · · · · · · · · · · · · ·
(Name of corpo	oration - must include suffix)	
Dear Sir or Madam: The enclosed "Application by Foreign Corporation" Certificate of Existence", and check are submitted transact business in Florida.	*****215.0 n for Authorization to Transact Business in Fl	01061001)0 ****215.00 orida",
Please return all correspondence concerning this m	natter to the following:	
Vic Cooplan	nd	
(Nar	me of Person)	·
Premium Services	Management, LLC	
(Fire	m/Company)	
3465 N. Desert Dr		
•	(Address)	
Atlanta, GA 3034		
(Cit	ty/State/Zip)	
Should you need to call someone concerning this r		84025 -01107003 0 *****70.00
	04) 767-5600	
(Name of Person)	(Area Code & Daytime Telephone Number)	DIVISION OF SHAPE
COURIER ADDRESS:	MAILING ADDRÉSS:	R 25
Qualification/Tax Lien-Sectionity Division of Corporations 409 E. Gaines St. Tallahassee, FL 3239 Examiner KWM	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R 28 PM 1:54
Updater KWM	1 MAR-	
Updater	1 1/1/1/2	

KWM.

KWM

Verifyer

Acknowledge. Leni

W. P. Verifyer



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 18, 1998

VIC COOPLAND

3465 N. DESERT DRIVE, #400 ATLANTA, GA 30344

SUBJECT: PREMIUM SERVICES MANAGEMENT, LLC

Ref. Number: W98000006088

We have received your document for PREMIUM SERVICES MANAGEMENT, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached document is used for a corporate entity not a limited liability company.,

The fee to file the enclosed annual report is \$285.00. If a certificate of status is desired, please add an additional \$8.75. The basic annual report filing fee is figured at the rate of \$7.00 per thousand on the actual capital contributions plus a supplemental fee of \$88.75 pursuant to \$.607.193, Florida Statutes, effective 1/1/98. Therefore, the total amount due to file a limited partnership annual form on or after January 1, 1998, shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Kenny Manning Corporate Specialist

Letter Number: 198A00014716



March 30, 1998

Ms. Kenny Manning Corporate Specialist Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Re: W98000006088

Dear Ms. Manning:

Enclosed is the application for a foreign limited liability company and a check in the amount of \$215.00 (\$285.00 - \$70.00 which was processed previously).

Sincerely,

Vic Coopland Vice President

Encl.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of so contain	Premium Services Man foreign limited liability company m med in the name at present.)	ust end with the w	ords "limited company" or their abb	reviation "L.C." if no
30 00111111	•			
ZT 2 = 32 - 42	Georgia	3	582259104	11:1.1-2
	on under the law of which foreign list organized)	mited hability	(FEI number, if app	oncable)
	June 7, 1996	5	Perpetual	411
	June 7, 1998 (Date of Organization)		(Duration: Year limited liability of exist or "perpetual")	ompany will cease to
· <u></u>	Has not transacted	business ir	Florida	55.77.0.
	(Date first transacted business	in Florida. (See se	ections 608.501, 608.502, and 817.13	55, F.S.)
·	3465 N. Desert Drive	e, #400	· · · · · · · · · · · · · · · · · · ·	
	Atlanta, GA 30344		•• ,	
 	Relanca, GA 30344	(Street address of	principal office)	
will mana	age the foreign limited liability	y company in F	g member[MGRM] or manager lorida: (attach additional page	if necessary)
will mana	NAME & ADDRESS:	y company in F		
will mana	NAME & ADDRESS: Leonard Golden	y company in F TITLE: MGRM	lorida: (attach additional page	if necessary) TITLE:
will mana	NAME & ADDRESS:	y company in F TITLE: MGRM	lorida: (attach additional page	if necessary) TITLE:
will mana	NAME & ADDRESS: Leonard Golden	y company in F TITLE: MGRM _#400	lorida: (attach additional page	if necessary) TITLE:
will mana	NAME & ADDRESS: Leonard Golden 3465 N. Desert Dr.	y company in F TITLE: MCRM _#400	lorida: (attach additional page	if necessary) TITLE:
will mana	NAME & ADDRESS: Leonard Golden 3465 N. Desert Dr. Atlanta, GA 30344	y company in F. TITLE: MGRM _#400 - MGRM	NAME & ADDRESS:	if necessary) TITLE:
will mana	NAME & ADDRESS: Leonard Golden 3465 N. Desert Dr. Atlanta, GA 30344 Janice Golden	y company in F TITLE: MGRM #400 MGRM #400	NAME & ADDRESS:	TITLE:
will mana	NAME & ADDRESS: Leonard Golden 3465 N. Desert Dr. Atlanta, GA 30344 Janice Golden 3465 N. Desert Dr.	y company in F TITLE: MGRM #400 MGRM #400	NAME & ADDRESS:	if necessary) TITLE:
will mana	NAME & ADDRESS: Leonard Golden 3465 N. Desert Dr. Atlanta, GA 30344 Janice Golden 3465 N. Desert Dr. Atlanta, GA 30344	y company in F. TITLE: MGRM #400 MGRM #400 MGRM	NAME & ADDRESS:	if necessary) TITLE:

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Con	npany is:		
Pre	mium Services Manac	ement, LLC		
2. The name a	and the Florida street addres	s of the registered	agent and office are:	
•	CT Corporation S	(Name)		
	1200 South Pine	Islanđ Rd.		
	Florida street ac	ddress (P.O. Box NO	T ACCEPTABLE)	_
	Plantation	FL	33324	
•		City/State/Zip		
liability comparagent and agree relating to the p	amed as registered agent and ny at the place designated in e to act in this capacity. I fin proper and complete perform ny position as registered age	this certificate, I have ther agree to comp ance of my duties,	ereby accept the appoint oly with the provisions of	ment as registered = { fall statutes }
an 1	1			

Filing Fee: \$ 35 for Designation of Registered Agent

(Signature)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
Premium Services Management, LLC certifies:	
1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$50,000;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u> </u>
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 50,000
Signature of a member or an authorized representative of a mem (in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber. 98 APR 28 P
Leonard Golden, President and CEO	P# 89.53
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

Secretary of State
Corporations Division
Suite 315, West Tomer
2 Martin Tuther King Ir. Ar.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 980610260
CONTROL NUMBER : 9617787
DATE INC/AUTH/FILED: 06/07/1996
JURISDICTION : GEORGIA
PRINT DATE : 03/02/1998

FORM NUMBER : 211

VIC COOPLAND 3465 NORTH DESERT DR. STE. 400 ATLANTA GA 30344

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PREMIUM SERVICES MANAGEMENT, LLC A GEORGIA LIMITED LIABILITY-COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Jewis A. Massey

LEWIS A. MASSEY

SECRETARY OF STATE



DR231 (03-07)