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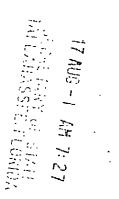
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(City.	r/State/Zip/Phone #)	
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(Bus	siness Entity Name)	
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(Doc	cument Number)	_
Certified Copies	Certificates of Status	
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Gabriela Martinez Paralegal Phone (303)295-8568 Fax (307) 222-6256 GMartinez@hollandhart.com 87660.0001

July 31, 2017

#### VIA OVERNIGHT DELIVERY

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: APPLICATION FOR CERTIFICATE OF AUTHORITY PROSERVICE NATIONAL, INC.

Dear Sir and/or Madam:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida to be filed on behalf of our client, ProService National, Inc. Also enclosed is a check in the amount of \$70.00 corresponding to the filing and a Certificate of Good Standing from the state of incorporation.

Please direct all inquiries or correspondence related to the enclosed filing to my attention.

Very truly yours,

Gabriela Martinez

Paralegal

GM/gm Enclosures as stated

## **COVER LETTER**

TO: Registration Section Division of Corporations				
ProService National, Inc. SUBJECT:				
	corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Stand	ling" and check are sub-		
Please return all correspondence concernin Gabriela Martinez	g this matter	to the following:		
	Name of F	erson		
Holland & Hart, LLP				
555 17th Street Suite 3200	Firm/Comp	oany		
	Addre	is		
Denver Colorado 80202				
	City/State an	d Zip code	·	
gmartinez@hollandhart.com				
E-mail address:	(to be used fo	or future annual report n	notification)	
For further information concerning this ma	tter, please ca	ill:		
Gabriela Martinez	abriela Martinez 303 295-8568			
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amou	int:			
■ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	opporation; must include "INCORPORATED," "( orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
N/A			
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting by	usiness in Florida)
Delaware	81	-1126318	
(State or country 01/05/2016	y under the law of which it is incorporated)	(FEI number, if applie	able)
(Date	of incorporation)	(Date of duration, if other than	n perpetual)
N/A	•		
•	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
6600 Kalani:	anaole Hwy Ste 200 Honolulu HI 96825		
N/A	(Principal	office address)	
	(Current mailing a	ddress, if different)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
. Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Cogency Global Inc	_	1.0KH
ffice Address:	115 North Calhoun Street Suite 4		650 æ
	Tallahassee	— 32301 . Florida	
	(City)	(Zip code)	

### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Collen Humes
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Benjamin Godsey Director: 6600 Kalanianaole Hwy Ste 200 Honolulu HI 96825 Address: **B. OFFICERS** Benjamin Godsey President: 6600 Kalanianaole Hwy Ste 200 Honolulu HI 96825 Address: \_ Benjamin Godsey Vice President: 6600 Kalanianaole Hwy Ste 200 Honolulu 1II 96825 Address: Benjamin Godsey Secretary: \_ 6600 Kalanianaole Hwy Ste 200 Honolulu HI 96825 Benjamin Godsev Treasurer: 6600 Kalanianaole Hwy Ste 200 Honolulu HI 96825 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Benjamin Godsey, President 13.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROSERVICE NATIONAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROSERVICE NATIONAL, INC." WAS INCORPORATED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202962654

Date: 07-27-17

5928698 8300 SR# 20175452582