

F00000003364 4.

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Pembroke Management Services Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kim Bond

(Name of Person)

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-06/12/00--01121--002
*****70.00 *****70.00

Pembroke Management Services Inc
(Firm/Company)

1420 Mineral Spring Avenue
(Address)

North Providence RI 02904
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Kim Bond
(Name of Person)

at (401) 354 8600
(Area Code & Daytime Telephone Number)

SECRET
TALLAHASSEE, FLORIDA

00 JUN 12 AM 9:12

FILED

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

mtw
6/14

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

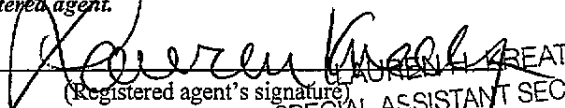
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. Pembroke management Services INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. RI 3. 050509787
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/16/99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1420 mineral Spring Avenue
North Providence RI 02904
(Current mailing address)
8. employee leasing
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 S. Pine Island RD
Plantation, Florida, 33324
(Zip code)

10. 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.


(Registered agent's signature) **LAUREN KRETZ,**
SPECIAL ASSISTANT SECRETARY

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Gregory Ayassian

Address: 119 Tupelo Hill Dr
Cranston RI 02920

Director: Melanie Krikorian

Address: 8 Michael Dr
Lincoln RI 02865

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Gregory Ayassian

Address: 119 Tupelo Hill Dr
Cranston RI 02920

Vice President: Joseph D'Amico

Address: 5 Woodcrest Ct
Cranston RI 02910

ASST Secretary: Kim Bond

Address: 275 Harrington Ave
Warwick RI 02888

Treasurer: Melanie Krikorian

Address: 8 Michael Dr
Lincoln RI 02865

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kim Bond
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ASST Sec
(Typed or printed name and capacity of person signing application)

FILED
JUN 12 PM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Pembroke Management Services, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the sixteenth day of December A.D., 1999; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

*SIGNED AND SEALED this fifteenth day
of May A.D., 2000.*

James R. Langevin

Secretary of State

BY *Debra Antonelli*

