407 Wekiva Springs Road, Suite 245 Longwood, Florida 32779 Telephone 407.786.3939 Telecopier 407.786.3918

GRIFFIN TOWERS
6 HUTTON CENTRE DRIVE, SUITE 1100
SOUTH COAST METRO, CALIFORNIA 92705
TELEPHONE 714.751.5970
TELECOPIER 714,708.7444

REPLY TO: FLORIDA OFFICE

August 2, 2001

-08/06/01-01101-011 \*\*\*\*\*87.50 \*\*\*\*\*\*87.50

Florida Department of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Authorization to transact business in the State of Florida

for Personal Leasing Services, Inc.

#### Gentlemen:

Transmitted herewith is our completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with an original Certificate of Existence with Status of Good Standing for Personal Leasing Services, Inc.

If you should have any questions regarding our request, please feel free to contact our office.

Sincerely,

Sherri Akus

**Enclosures** 

FILED

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SECRETARY OF STATE
ALL ALLASSEE FI ORDINA

mth. 8/7

#### TRANSMITTAL LETTER

Division of C				-
SUBJECT: Persona Leasing Services Inc. (Name of corporation - must include suffix)				
Dear Sir or Madam:		ŕ		
The enclosed "Applic "Certificate of Exister to transact business in	ation by Foreign Corporation fonce", and check are submitted to Florida.	r Authorization to Transact register the above reference	t Business in Florida", ced foreign corporation	
Please return all corre	spondence concerning this matte	er to the following:		
<b>`</b>	Tedder	-		- · · · ·
	(Name o	f Person)	424	The second second
Personal Leasing Services, Inc. (Firm/Company)				
	(Firm/Co	ompany)		<del>4</del>
407 Wekiva Springs Road, Suite 245				
	O (Add	ress)		
Longwood, Florida 32779				
J	(City/State	and Zip code)	SEC SEC	
For further information concerning this matter, please call:				
		can.	LE RYO SSEE	
David Tedder at (407) 786-3939 FS > □				
(Name of Pers		Code & Daytime Telephon	e Number) DATE 38	* 2 * **
			<i>P</i> 00	
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	-	
Division of Corporation 409 E. Gaines St.	1S	Division of Corporations		-
Tallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	the following amount:			
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & G	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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

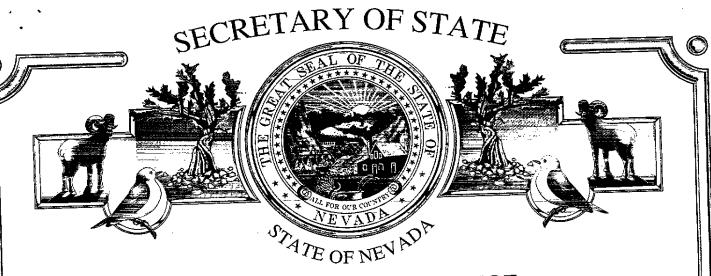
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Services (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language 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.) pon qualiticati (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Castern Avenue, #3, Las Vegas
(Principal office address) 195 Rd., Ste. 245, Longwood (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 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)

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: David Tedder 407 Wekiva Springs Road, Vice Chairman: \_ Address: \_ B. OFFICERS Address: \_\_\_\_ Same as Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, **PERSONAL LEASING SERVICES**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 4, 1996, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereuning set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on June 26, 2001.

Secretary of State

By Mitchinshina

Certification Clerk