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(City/State/Zip/Phone #)

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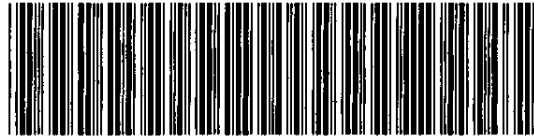
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVERLETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROJECT SOLUTIONS GROUP, 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:

MICHAEL WOLFF

(Name of Person)

PROJECT SOLUTIONS GROUP, INC.

(Firm/Company)

580 HERNDON PARKWAY, SUITE 500

(Address)

HERNDON, VA 20170

(City/State and ZIP code)

For further information concerning this matter, please call:

MICHAEL WOLFF

(Name of Person)

at

(703) 668-0900

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
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 &
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. PROJECT SOLUTIONS GROUP, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PSG, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VIRGINIA

(State or country under the law of which it is incorporated)

3. 47-0888310

(FEI number, if applicable)

4. 09/10/2002

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 09/04/2007

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 580 HERDON PARKWAY, SUITE 500

(Principal office address)

HERNDON, VA 20170

(Current mailing address)

8. REAL ESTATE SERVICE

(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 NOT acceptable)

Name: JESSEE MATNEY

Office Address: 400 NE 28TH STREET

FORT LAUDERDALE

(City)

, Florida 33334

(ZIP code)

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TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MICHAEL WOLFFAddress: 22124 WOODWINDS DRIVELEESBURG, VA 20175Director: DAVID ZORGERAddress: 6260 COVEY ROADWARRENTON, VA 20187**B. OFFICERS**President: MICHAEL WOLFFAddress: 13015 NEW AUSTIN CT.HERNDON, VA 20171Vice President: DAVID ZORGERAddress: 6260 COVEY ROADWARRENTON, VA 20187

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. MICHAEL WOLFF, PRESIDENT

(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Project Solutions Group, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is September 10, 2002.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
February 1, 2008*

Joel H. Peck

Joel H. Peck, Clerk of the Commission