# 10900005048

| (Re                     | questor's Name)   |                      |
|-------------------------|-------------------|----------------------|
|                         |                   |                      |
| (Ad                     | dress)            |                      |
|                         |                   |                      |
| (Ad                     | dress)            |                      |
|                         |                   |                      |
| (Cit                    | y/State/Zip/Phone | e #)                 |
| PICK-UP                 | ☐ WAIT            | MAIL                 |
|                         |                   |                      |
| (Bu                     | siness Entity Nar | ne)                  |
|                         |                   |                      |
| (Do                     | cument Number)    |                      |
|                         |                   |                      |
| Certified Copies        | _ Certificates    | s of Status <u> </u> |
|                         |                   |                      |
| Special Instructions to | Filing Officer:   |                      |
| •                       |                   |                      |
|                         |                   | ļ                    |
|                         |                   |                      |
|                         |                   |                      |
|                         |                   |                      |
|                         |                   | į                    |
|                         |                   |                      |

Office Use Only



000163363070

12/17/09--01014--010 \*\*78.75

09 DEC 17 PM 1: 32
SECRETARY OF STATE

mRD/18

# **COVER LETTER**

| TO: New Filing Se<br>Division of Co | orporations  |                                    |   |  |  |  |
|-------------------------------------|--|------------------------------------|---|--|--|--|
| SUBJECT:                            | PREMIER S  | SG, INC.                           |   |  |  |  |
|                                     | (Name of corpo   | ration - must include suffix)      | )   |  |  |  |
| Dear Sir or Madam:                  |  |                                    |   |  |  |  |
|                                     | ntion by Foreign Corporation ce," and check are submitted orida. |                                    |   |  |  |  |
|                                     | pondence concerning this ma                                      |                                    |   |  |  |  |
| RYA                                 | N STRENGER   |                                    |   |  |  |  |
|                                     | (Nam   | e of Person)                       |   |  |  |  |
| PRE                                 | MIER SSG, I  | VC.                                |   |  |  |  |
|                                     | (Firm  | /Company)                          |   |  |  |  |
| 2591                                | DALLAS PKWY,   | Suite 300                          | FREED.  |  |  |  |
|                                     | )(A  | Address)                           |   |  |  |  |
| _ FR                                | 15co, TX 7 (City/St.   | 50 34                              |   |  |  |  |
| •                                   | (City/St   | ate and Zip code)                  |   |  |  |  |
| For further information             | n concerning this matter, plea                                   | se cull·                           |   |  |  |  |
| ^                                   | -  | •                                  |   |  |  |  |
| KIEN                                | STRENGERAL ( )<br>Son) (Ar                                       | 441 850 016                        | 3   |  |  |  |
| (Name of Pers                       | son) (Ar   | rea Code & Daytime Teleph          | ione Number)  |  |  |  |
|                                     |  |                                    |   |  |  |  |
|                                     | URIER ADDRESS:   | MAILING A                          |   |  |  |  |
| New Filing Sea<br>Division of Co    |  |                                    | New Filing Section Division of Corporations                 |  |  |  |
| Clifton Buildir                     | Clifton Building P.O. Box 6327                                   |                                    |   |  |  |  |
| Z661 Executive Tallahassee, Fl      | e Center Circle<br>L 32301                                       | Taliahassee, F                     | FL 32314  |  |  |  |
| Enclosed is a check for             | the following amount:  |                                    |   |  |  |  |
| □ \$70.00 Filing Fee                | \$78.75 Filing Fee &<br>Certificate of Status                    | S78.75 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. (State or country under the law of which it is incorporated)

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

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2591 DALLAS PARKWAY, Sufe 300, FRULO, TX 75034
(Principal office address)

ALKWAY See 300, FRULO, TX 75034
(Current mailing address) RECKULTING + STAFFING BUSINESS urpose(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: 10151 DEERWOOD PARK BLUD, BUILDING 200, Ste 250

JACKSON/LLE, Florida 32256
(City) (Zip code) Office Address:

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.

(Registe ed 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. DIRECTO      | ORS A          | _                                       |                            |                                       |             |                       |                 |
|-----------------|----------------|---|----------------------------|---------------------------------------|-------------|-----------------------|-----------------|
| Chairman:       | Brow           | STRENGE                                 | ER                         | ·                                     |             |                       |                 |
| Address:        | 2591           | DALLS                                   | PARKWAY                    | Sulte ?                               | 300,        | FRISCO, TX            | 75034           |
| Vice Chairman   | 500            | nF                                      |                            |                                       |             |                       |                 |
| Address:        |                |   |                            |                                       |             |                       |                 |
| Director:       | SAM            | E                                       |                            |                                       |             |                       |                 |
|                 |                |   |                            |                                       |             | 75 BE                 | CHICAGO CHICAGO |
| Director:       |                |   |                            |                                       |             | P S S A               |                 |
|                 |                |   |                            |                                       |             | Fig. 7                | 23              |
| B. OFFICER      | us .           |   |                            | ,, ,, , , , , , , , , , , , , , , , , |             |                       | <u> </u>        |
| President:      |                |   |                            |                                       |             |                       |                 |
| Address:        |                |   |                            |                                       |             |                       |                 |
| Vice President: |                |   |                            |                                       |             |                       |                 |
| Address:        |                | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                            |                                       |             |                       |                 |
| Secretary:      |                |   |                            |                                       |             |                       |                 |
| Address:        |                | <del></del>                             |                            |                                       |             |                       |                 |
| Treasurer:      |                |   |                            |                                       |             |                       |                 |
| Address:        |                |   |                            |                                       |             |                       |                 |
| NOTE: If nec    | cessary, you n | nay attach an add                       | endum to the applica       | ation listing add                     | litional of | ficers and/or directo | rs.             |
| 13              | (Sign          | ature of Director                       | or Officer listed in r     | number 12 of th                       | e applica   | tion)                 |                 |
| 14.             | Kyw.           | ped or printed na                       | 2<br>ame and capacity of p | person signing a                      | applicatio  | n)                    |                 |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

Hope Andrade Secretary of State

FILED

09 DEC 17 PM 1: 32

SECRETARY OF STATE TALLAHASSEE. FLORIDA

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Premier SSG, Inc. (file number 801055953), a Domestic For-Profit Corporation, was filed in this office on November 24, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 14, 2009.



Hope Andrade Secretary of State

Aul

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 287627140003

Phone: (512) 463-5555 Prepared by: SOS-WEB