## F100000001076

(I	Requestor's Name)	
	Address)	
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PICK-UP	☐ WAIT	MAIL
	Business Entity Name	)
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(1)	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	
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SECRETARY OF STATE

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## **COVER LETTER**

TALLAHASSEE, FLORIGE

TO: New Filing Section
Division of Corporations

SUBJECT: PROFESSIONAL SERVICE HOLDINGS 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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

above referenced foreign corporation to	transact busines	s in Florida.		
Please return all correspondence concern	ning this matter	to the following:		
BOBBY LAMBERT				
	Name of F	Person		
PROFESSIONAL SERVICE HOLDING	SINC			
	Firm/Comp	pany		
1835 US 1 SOUTH #119-243		7		
	Addre	SS ·		
STAUGUSTINE FLORIDA 32084	,	1. 1. S. 1. "		
	- City/State an	d Zip code		
PROFCARE@GMAIL.COM	_			
For further information concerning this  BOBBY LAMBERT	at ( <sup>904</sup>	) 824-9073		
Name of Person		ode & Daytime Telepho	one 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 an	ount:			
□ \$70.00 Filing Fee □ \$78.75 Fili Certificate		\$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.

	name of corporation; must include "INCORPORA" "Co.," "Corp," "Inc," "Co," or "Corp.")	ΓED,"	"COMPANY," "CORPORATION,"	,	
(If nam	e unavailable in Florida, enter alternate corporate r	name ad	opted for the purpose of transacting	business in Florida)	
, NEVADA		3. 2	3, 27-1879093		
(State of	country under the law of which it is incorporated	) -	(FEI number, if applic	able)	
1. 02-09	-2010	5.	"PERPETUAL"		
	(Date of incorporation)	(	Duration: Year corp. will cease to e	xist or "perpetual")	
5. 09-03-	2010				
			Florida, if prior to registration) 2, F.S., to determine penalty liability	)	
2120 (	JS HIGHWAY 1 SOUTH # 103 ST AUGUST	INE, F	FLORIDA 32086		
' <del></del>	(Principal office				
1835 L	S 1 SOUTH #119-243 ST AUGUSTINE, FLO	ORIDA	32084		
•	(Current mailing	g addres	ss)		
·	TE INVESTIGATIONS, AVIATION CONSULT				
(	Purpose(s) of corporation authorized in home state	or cour	try to be carried out in state of Flori	da) 75 21 3	
). Name	and street address of Florida registered agent:	(P.O.	Box NOT acceptable)	2010 SEP SECRET TALLAH	
h	Jame: BOBBY LAMBERT			超型	
office Ac	4005 US 4 COUTH #440 040			TARY OF STATE	
	ST AUGUSTINE		, Florida 32084	FST	
			(Zip code)		

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)

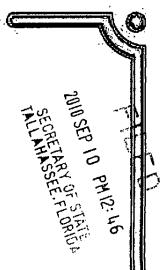
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$
A. DIRECTORS	2010 SEP 10 PAIR: 46
Chairman:	TSECO 10 p
Address:	LAHARY DAILE
	17/ 647s
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: LYNNE BENNETT	
1835 US 1 SOUTH #119-243	
STAUGUSTINE FLORIDA 32084	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13. Remarks (Signature of Director or Officer listed in number 12 of	Color Rada
-	of the application)
14 LYNNE BENNETT - PRESIDENT	

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

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, non-profit corporations, corporation soles, 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, evidence, **PROFESSIONAL SERVICE HOLDINGS**, **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 February 9, 2010, and is in good standing in this state.

A CVADA

Electronic Certificate
Certificate Number: C20100902-1873
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 2, 2010.

ROSS MILLER Secretary of State