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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

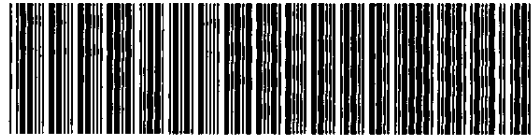
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 OCT 12 AM 10:51
SECRETARY OF STATE
FILING ASSISTANT

J. SHIVERS OCT 14 2010

10-46478

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Professional Resources, 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.

Please return all correspondence concerning this matter to the following:

David M. Hill

Name of Person

Professional Resources, Inc.

Firm/Company

6779 Engle Rd., Suite P

Address

Cleveland, OH 44130

City/State and Zip code

David.Hill@ProResourcesCorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Hill

at (440) 274-0341

Name of Person

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

2016 OCT 12 AM 10:56
TALLAHASSEE, FL 32314
STANDARD MAIL

**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. Professional Resources, Inc.

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

Professional Resources SF, Inc.

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

2. Ohio

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

3. 26-4227792

(FEI number, if applicable)

4. 2-15-2010

(Date of incorporation)

5. Perpetual

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

6.

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

7. 6779 Engle Rd., Suite P, Cleveland, OH 44130

(Principal office address)

6779 Engle Rd., Suite P, Cleveland, OH 44130

(Current mailing address)

8. For Profit Organization

(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: Pamela A. Harriman

Office Address: 4703 SE 17th Place

Cape Coral, Florida 33904

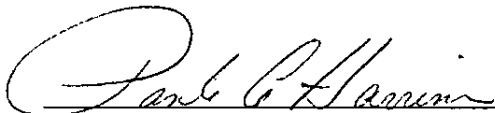
(City)

(Zip code)

2010 OCT 12 AM 10:55
SECRETARY OF STATE
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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David M Hill

Address: 3517 Deer Creek Trail

Richfield, OH 44286

Vice President: _____

Address: _____

Secretary: Kathy Hill

Address: 3517 Deer Creek Trail, Richfield, OH 44286

Treasurer: Kathy Hill

Address: 3517 Deer Creek Trail, Richfield, OH 44286

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. David M. Hill, President

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

2010 OCT 12 AM 10:55
FILED
CLERK OF COURT
COURT HOUSE
COLUMBUS, OHIO

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **PROFESSIONAL RESOURCES, INC.**, an Ohio corporation, Charter No. 1833924, having its principal location in Cleveland, County of Cuyahoga, was incorporated on February 04, 2009 and is currently in **GOOD STANDING** upon the records of this office.*

2010 OCT 12 AM 10:55
OFFICE OF THE SECRETARY OF STATE
COLUMBUS, OHIO



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 23rd day of September, A.D. 2010*

A handwritten signature in black ink, appearing to read "Jennifer Brunner", written in a cursive style.

Ohio Secretary of State