-13000003695

(Requestor's Name)	
(Address)	20025
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/26/1
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	m2) 12





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3--01022--013 **70.00

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Professional Software	Associates, Inc.
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Kathi Simmonds	
Name	of Person
Professional Software Associa	ites, Inc.
Firm/C	Company
414 Lake Nepessing Road	
Ac	idress
Lapeer MI 48446	
City/Stat	e and Zip code
kathi.simmonds@psa-software.co	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Kathi Simmonds at (810	, 969-4222
Name of Person Ar	ea 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

	orporation; must include "INCORPORATED, forp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	•
PSA, Inc	•		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Michigan	3.	38-3287222	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
March 11	I, 1996 _{5.}	perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
July 8, 20	013		
	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability	`
414 Lake	Nepessing Road Lapeer M		,
	(Principal office add		
414 Lake	Nepessing Road Lapeer MI	48446	
	(Current mailing add	ress)	
Software	Engineering Sales		
) of corporation authorized in home state or co	ountry to be carried out in state of Flori	da)
. Name and stree	et address of Florida registered agent: (P.0	D. Box NOT acceptable)	Z8. 3
Name:	John P. Hertrich		ANG T
Office Address:	3035 Turtle Brooke		3 AUG 26 PH 12: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
•	Clearwater	, Florida 33761	照命 卫
	(City)	(Zip code)	PH 12: OF STAT E. FLORI
	gent's acceptance:		38 APT 38

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.

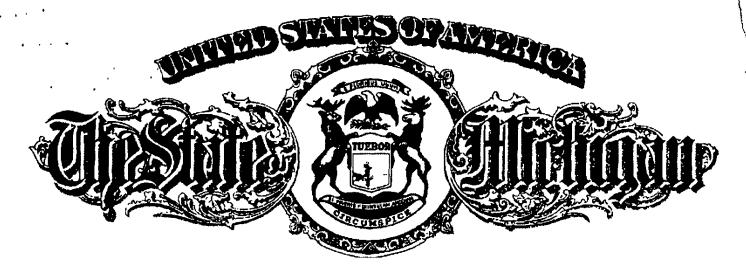
12. Names and business addresses of officers and/or directors: A. DIRECTORS FILED Chairman: AUG 26 PH 12: 38 Address: ___ SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: ___ Address: __ Director: Address: Director: _ Address: ___ **B. OFFICERS** President: John P. Hertrich Address: 3035 Turtle Brooke Clearwater Florida 33761 Vice President: Address: Secretary: Kathi Simmonds Address: 3830 Golf Vista Drive Lapeer MI 48446 Treasurer: ___ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that ne or sne is aware that take thromation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. John P. Hertrich, President

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





This is to Certify That

PROFESSIONAL SOFTWARE ASSOCIATES, INC.

was validly incorporated on March 11, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED

13 AUG 26 PH 12: 38

SECRETARY OF STATE
SECRETARY OF STATE

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of August, 2013.

Sent by Facsimile Transmission

Bureau of Commercial Services