

PLATINUMPAYROLL

PROFESSIONAL EMPLOYER ORGANIZATION

55 Northern Boulevard, Suite 206 □ Great Neck, NY 11021

Phone: 516.466.0009 □ Fax: 516.466.5823 □ Email: info@platinumpayroll.com

December 6, 2013

Re: New Filing: Platinum Solution Service D2 Inc.

To Whom It May Concern:

I am submitting an Application By Foreign Corporation to Transact Business in Florida, along with the cover letter, a certificate of existence from the State of New York, and a check in the amount of \$87.50.

If you have any questions or need additional information regarding this matter, please contact me at (516)466-0009.

Sincerely,

Parashos Kalaitzis

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PLATINUM SOLUTION SERVICE D2 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:

Angela Kalaitzis

Name of Person

Platinum Payroll

Firm/Company

55 Northern Blvd., Suite 206

Address

Great Neck, NY 11021

City/State and Zip code

akalaitzis@platinumpayroll.com

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

For further information concerning this matter, please call:

Angela Kalaitzis

Name of Person

at (516) 466-0009

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. Platinum Solution Services D2 Inc.
(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)

2. New York 3. 26-1275016
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 9, 2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 55 Northern Blvd., Suite 206, Great Neck NY 11021
(Principal office address)

same as above
(Current mailing address)

8. Professional Employer Organization (PEO)/Employee Leasing Company
(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)

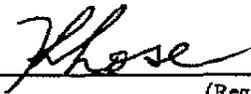
Name: Sharon T. Rose

Office Address: 635 Allison Street E.

LeHigh Acres, Florida 33974
(City) (Zip code)

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.

REC-9
PH 11:50

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Parashos Kalaitzis

Address: 50-49 Morenci Lane

Little Neck, NY 11362

Vice President: Seth Vanunu

Address: 110 Syosset Circle

Syosset, NY 11791

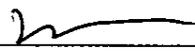
Secretary: Despina Kalaitzis

Address: 251-33 VanZandt Ave., Little Neck, NY 11362

Treasurer: Angela Kalaitzis

Address: 244-35 54th Ave., Douglaston, NY 11362

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

13. 

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 he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Parashos Kalaitzis, President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PLATINUM SOLUTION SERVICES D2 INC. was filed on 09/19/2007, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of November two
thousand and thirteen.*

Anthony Scardino

Executive Deputy Secretary of State