

F/400000/252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

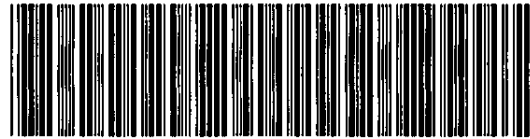
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300257352983

03/04/14--01009--006 **87.50

FILED

14 MAR 17 AM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/4-14372

κ 03/20/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

PHRONIE WARNER
4403 PETERS ROAD
PLANTATION, FL 33317

SUBJECT: PROFESSIONAL HOSPITALITY STAFFING INCORPORATED
Ref. Number: W14000014372

Direct # 850-245-6949

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

14 MAR 17 AM 11:23

RECEIVED

We have received your document for PROFESSIONAL HOSPITALITY STAFFING INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00004873

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROFESSIONAL HOSPITALITY STAFFING 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:

PHRONIE WARNER
Name of Person
PROFESSIONAL HOSPITALITY STAFFING INC
Firm/Company
4403 PETERS Rd
Address
PLANTATION FL 33317
City/State and Zip code
JUNE WARNER @ SEASONS FINEST . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. WARNER at (561) 602. 2421
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

**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 HOSPITALITY STAFFING INCORPORATED
(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. GEORGIA 3. 20-809 7158
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DEC. 26, 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1420 NW 56 AVE, LAUDERHILL, FL 33313
(Principal office address)

SAME
(Current mailing address)

8. STAFFING
(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)

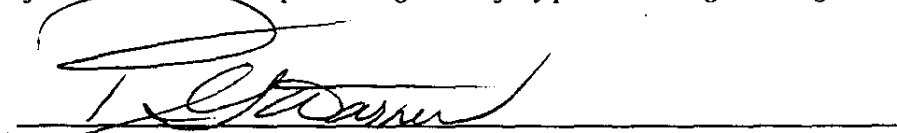
Name: PHRONIE G. WARNER

Office Address: 4403 PETERS ROAD
PLANTATION, Florida 33317
(City) (Zip code)

FILED
14 MAR 17 AM 3:19
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: PARONIE G. WARNER

Address: 1420 NW 56 AVE

LAUDERHILL, FL. 33313

Vice President: PARONIE G. WARNER

Address: 1420 NW 56 AVE

LAUDERHILL, FL. 33313

Secretary: PARONIE G. WARNER

Address: 1420 NW 56 AVE LAUDERHILL, FL. 33313

Treasurer: PARONIE G. WARNER

Address: 1420 NW 56 AVE, LAUDERHILL, FL. 33313

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. PARONIE G. WARNER PRES.

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

FILED
14 MAR 17 AM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 06108577
DATE INC/AUTH/FILED : December 26, 2006
JURISDICTION : Georgia
PRINT DATE : February 19, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PROFESSIONAL HOSPITALITY STAFFING INCORPORATED A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State

FILED
14 MAR 17 AM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA