

F15000001339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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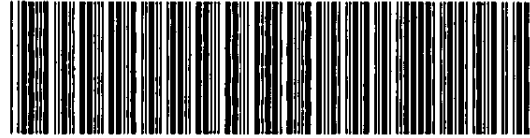
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR 30 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Professional Services, Inc.
Name of corporation - must include suffix

RECEIVED
15 MAR 30 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Edward Austin

Name of Person

Professional Services, Inc.

Firm/Company

145 Rockledge Avenue

Address

Rockledge, PA 19046

City/State and Zip code

eaustin@mypsi.net

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

For further information concerning this matter, please call:

Edward Austin

Name of Person

at (215) 663-3603

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 Services, Inc.

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

Professional Services 1 *INC*

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

2. Pennsylvania

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

3. 23-2987469

(FBI number, if applicable)

4. 11/09/98

(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. 145 Rockledge Avenue, Rockledge, PA 19046

(Principal office address)

145 Rockledge Avenue, Rockledge, PA 19046

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ross Debernardis

Office Address: 141 Azalea Point Drive North

Ponte Vedra Beach, FL, Florida 32082

(City)

(Zip code)

9. 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)

10. 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.

15 MAR 30 PM 2:34
RECEIVED
FLORIDA SECRETARY OF STATE

A. DIRECTORS

Address: _____

Address: _____

Address: _____

Address: _____

President: Edward Austin

Address: 145 Rockledge Avenue

Rockledge, PA 19046

Vice President: Michael Tobin

Address: 145 Rockledge Avenue

Rockledge, PA 19046

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12.

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.

13. Edward Austin, President

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

15 MAR 30 PM 2:35
STATE
FLORIDA
NORTH

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

MARCH 10, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PROFESSIONAL SERVICES, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Acting Secretary of the Commonwealth

Articles of Incorporation

Microfilm Number _____

Filed with the Department of State on _____

NOV 19 1998

Entity Number 2844911

Ken Fitzgerald
ACTING Secretary of the Commonwealth

ARTICLES OF INCORPORATION FOR PROFIT OF

PROFESSIONAL SERVICES, INC.

Name of Corporation
A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- ☒ Business-stock (15 Pa.C.S. § 1306) ☐ Management (15 Pa.C.S. § 2702)
☐ Business-nonstock (15 Pa.C.S. § 2102) ☐ Professional (15 Pa.C.S. § 2903)
☐ Business-statutory close (15 Pa.C.S. § 2303) ☐ Insurance (15 Pa.C.S. § 3101)
☐ Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 01)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Professional Services, Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 301 Hollow Branch Lane, Yardley, Pa. 19067 Bucks
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.
4. The aggregate number of shares authorized is: 1,000 (other provisions, if any, attach 8 1/2 x 11 sheet)
5. The name and address, including number and street, if any, of each incorporator is:
- | Name | Address |
|-----------------------|---|
| <u>Ronald G. Kerr</u> | <u>301 Hollow Branch Lane, Yardley, Pa. 19067</u> |
6. The specified effective date, if any, is: _____
month day year hour, if any

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2

7. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. ~~SECTION 101.1. THE BOARD OF DIRECTORS OF THE CORPORATION SHALL HAVE THE AUTHORITY TO MAKE, ALTER, OR REPEAL SUCH BYLAWS AS MAY BE NECESSARY TO CARRY OUT THE PURPOSES OF THE CORPORATION AND TO ENFORCE THE SAME.~~

9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 7 day of

November 19 94

R. M. G. K.
(Signature)

(Signature)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2015

ROSS DEBERNARDIS
141 AZALEA POINT DRIVE NORTH
PONTE VEDRA BEACH, FL 32082

SUBJECT: PROFESSIONAL SERVICES, INC.
Ref. Number: W15000016019

FILED
15 MAR 30 AM 11:42
TALLAHASSEE, FLORIDA

We have received your document for PROFESSIONAL SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 715A00004583