

F15000001551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

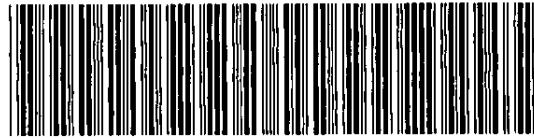
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/15--01010--007 **87.50

RECEIVED
15 APR 10 AM 11:36
DIVISION OF CORPORATION

APPROVED
AND
FILED
15 APR 10 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pro Management Systems, 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:

Melissa

Name of Person

ISL

Firm/Company

Address

Tallahassee, FL 32301

City/State and Zip code

ghanna@ghrlawyers.com

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

For further information concerning this matter, please call:

Melissa

Name of Person

at (

656-7956

) 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. Pro Management Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Oregon 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 19, 2004 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. 40965 Huntley Road, Stayton, OR 97383
(Principal office address)
- PO Box 4542, Salem, OR 97302
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: NRAI Services, Inc.
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
(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.

NRAI Services, Inc.
By: Debbie Brouse Debbie Brouse, Assistant Secretary
(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 APR 10 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FL 32317

APPROVED
AND
FILED

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

APPROVED
AND
FILED

A. DIRECTORS

Chairman: None

15 APR 10 AM 11:40

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: None

Address: _____

Director: Stephen D. Kelly

Address: 40965 Huntley Road

Stayton, OR 97383

Director: Linda M. Kelly

Address: 40965 Huntley Road

Stayton, OR 97383

B. OFFICERS

President: Stephen D. Kelly

Address: 40965 Huntley Road

Stayton, OR 97383

Vice President: None

Address: _____

Secretary: Linda M. Kelly

Address: 40965 Huntley Road, Stayton, OR 97383

Treasurer: Linda M. Kelly

Address: 40965 Huntley Road, Stayton, OR 97383

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. Stephen D. Kelly, President

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

APPROVED
AND
FILED

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

15 APR 10 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Existence 251N608V2

I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

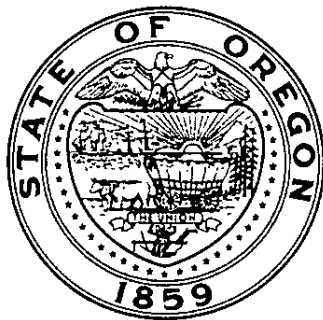
PRO MANAGEMENT SYSTEMS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in black ink, appearing to be "RT", is written over a horizontal line.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

4/8/2015