Page 1 of 2

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H16000006270 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION ABO PREFERRED PERSONNEL SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

JAN 1 1 2016 Help J SHIVERS 1/8/2016 10:44:20 AM From: To: 8506176383( 2/5 )

#### **COVER LETTER**

TO:	Registration Se Division of Co				:
SUB	SUBJECT: ABO PREFERRED PERSONNEL SERVICES, INC  Name of corporation - must include suffix				
		rame or corpora	tion - must	metade Suttix	,
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporation e," or "Certificate of Good s n corporation to transact bus	Standing" a	ınd check are sul	nct Business in Florida," bmitted to register the
Please	return all corresp	oondence concerning this ma	itter to the	following:	
		Name	of Person	····	
				<del>/</del>	
		Firm/C	Company		
		Ac	ldress		
		City/Stat	e and Zip	code	
	@ - h		u 21p		
mzyou	ra@abopeo.com	E-mail address: (to be us	ed for futur	re annual report	notification)
For fu	rther information	concerning this matter, pleas		·	·
	Name of Person	at ( Area C	)	Daytime Telep	hone Number
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations B Center Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclos	ed is a check for t	he following amount:			
<b>□</b> \$70	.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		5 Filing Fee & led Copy	S87.50 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
	(If name unavail	able in Florida, enter alternate corporate name	ad	dopted for the purpose of transacting business in Florida)	
2.	Michigan	3.	_ 4'	47-S445198	
	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	10/21/2015		, P	Perpetual	
	(Date	of incorporation)	_	(Date of duration, if other than perpetual)	
6	Upon Qualificat	tion			
7.	13900 Lakeside C	Circle, Suite 200, Sterling Fleights, MI 43813		2, F.S., to determine penalty liability)  1 office address)	
	same				
		(Current maili	ing :	address, if different)	.,
8.	Name and stree	et address of Florida registered agent: (P.	Ο.	Box NOT acceptable)	or.
	Name:	C T Corporation System			į
Oi	ffice Address:	1200 South Pine Island Road		—	ì
		Plantation		, Florida <u>33324</u>	
		(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.

By (Registered agent's signature)

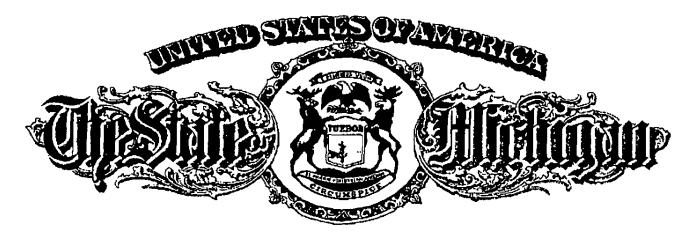
April Wittenwyler
Assistant Secretary

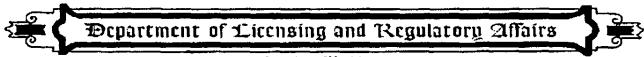
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	2 to 5
President: David Otto	≥≥ ≤
Address: 13900 Lakeside Circle, Suite 200	ASS B
Sterling Heights, MI 43813	
Vice President:	52 9 17
Address:	is a second
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing.	ng additional officers and/or directors.
Signature of Director or Office	
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a do a third degree felony as provided for in s.817.155, F.S.	
13. David Otto, President	





Lansing, Michigan

This is to Certify That

#### ABO PREFERRED PERSONNEL SERVICES, INC

was validly incorporated on October 22, 2015, 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of January, 2016.

Julia Dale, Acting Director
Corporations, Securities & Commercial Licensing Bureau