F1700000 1436

(Requestor's Name)
(Address)
7 11
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	Main Line Personnel S	Services, Inc.				
SUBJECT:		Name of corporat	ion - mu	st include suffix		
Dear Sir or M	ladam:					
"Certificate of	"Application by Fore of Existence," or "Cert occd foreign corporations."	ificate of Good S	Standing'	' and check are sub	ct Business in Florida," mitted to register the	
Please return Brian William	all correspondence co	nceming this ma	itter to th	e following:		
		Name	of Perso	n		
Global Emplo	yment Solutions, Inc.					
		Firm/C	Company			
10375 Park M	leadows Dr Suite 475					
		A	ddress			
Littleton, CO	80124					
		City/Sta	te and Zi	p code		
bwilliams@ge	esnetwork.com					
	E-mail a	address: (to be us	ed for fu	ture annual report i	notification)	
For further in	nformation concerning	this matter, plea	se call:			
Brian Willian	ns	303 at (00-1547		
Nan	ne of Person	Area (Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	a check for the followi	ng amount:				
□ \$70.00 F		5 Filing Fee & ficate of Status		3.75 Filing Fee & rtified 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)
PA	3	23-1695159	
(State or countr		(FEI number, if applicable)	
(Date of incorporation) 5.		(Date of duration, if other than pe	rpetual)
10373 I dik Wiede	lows Suite 475 Littleton, CO 80124 (Princi	pal office address)	
West Suns of Hand	(Current maili	ng address, if different)	17 HAR 27
Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	27
Name:	Corporation Service Company		-0 -0
Office Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	10
	(City)	(Zip code)	

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.

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Howard Brill Chairman: 10375 Park Meadows Ste#475 Littleton, CO 80124 Address: Vice Chairman: Address: Vladimir M Gutin Director: 10375 Park Meadows Ste#475 Littleton, CO 80124 Address: Andrew Hollod Director: 10375 Park Meadows Ste#475 Littleton, CO 80124 Address: **B. OFFICERS** Vladimir M Gutin President: 10375 Park Meadows Ste#475 Littleton, CO 80124 Address: _____ Vice President: Address: Samuel L Katz Secretary: _ 10375 Park Meadows Ste#475 Littleton, CO 80124 Address: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Vladimir M Gutin, Director

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/21/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MAIN LINE PERSONNEL SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Secretary of the Commonwealth

Certification Number: TSC170321131303-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx