

F17000005818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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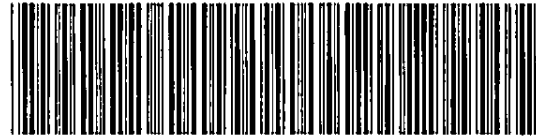
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DEC 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFILE SOLUTIONS INC
~~(Name of Foreign Corporation)~~

Dear Sir or Madam:

The enclosed Foreign Name Registration, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robbie Hicks

(Name of Person)

Profile Solutions Inc

(Firm/Company)

8411 W Oakland Park Blvd #201

(Address)

Sunrise, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Robbie Hicks

(Name of Person)

at (754) 423-4751

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$87.50 Filing Fee

☐ \$96.25 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

ROBBIE HICKS
8411 W OAKLAND PARK BLVD, #201
SUNRISE, FL 33351

SUBJECT: PROFILE SOLUTIONS, INC.
Ref. Number: W17000101384

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00026056

**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.*

Profile Solutions, Inc.

1. _____
(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)
Delaware 20-5156305

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
6-13-06

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
8411 West Oakland Park Blvd. Suite 201 Sunrise, FL 33351

7. _____
(Principal office address)

same
(Current mailing address, if different)

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

Name: Robbie Hicks

Office Address: 8411 West Oakland Park Blvd.
Suite 201
Sunrise 33351
_____, Florida _____
(City) (Zip code)

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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.

Robbie M. Hicks
(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.

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

A. DIRECTORS

Dan Oran

Chairman: _____

8411 West Oakland Park Blvd. Suite 201 Sunrise, FL 33351

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Dan Oran

President: _____

8411 West Oakland Park Blvd. Suite 201 Sunrise, FL 33351

Address: _____

Vice President: _____

Address: _____

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 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.

Dan Oran, CEO

13. _____

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

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STATE OF FLORIDA
DEPARTMENT OF STATE

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PROFILE SOLUTIONS, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D.
2017.

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SECRETARY OF STATE
DELAWARE
2017 DEC 28 PM 3:26




Jeffrey W. Bullock, Secretary of State

4176530 8300

SR# 20177637631

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203785601

Date: 12-18-17