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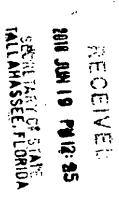
(Requestor's Name)
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06-21-18

COVER LETTER

TO: Registration Section			
Division of Corporations			
Scientific Marketing Instrur SUBJECT:	nemation and tac	oratory Equipment, Inc.	
	e of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good Star	ding" and check are sub	
Please return all correspondence concert Tracy Smith	ning this matter	to the following:	
	Name of		
Scientific Marketing Instrumentation and La	iboratory Equipn	ent. Inc.	
1511 Texas Ave. South #270	Firm/Com	pany	
	Addre	288	
College Station, TX 77840			
trans Commission III	City/State a	nd Zip code	
tracy@premierghs.com			
E-mail addre	ss: (to be used f	or future annual report	notification)
For further information concerning this	matter, please c	all:	
Tracy Smith	979	450-6468	
Name of Person	at (Area Cod	_) e Daytime Telep	hone Number
STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	SS:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Tallahassee, FL 32301			
Enclosed is a check for the following an	iount:		
■ \$70.00 Filing Fee □ \$78.75 Filing Certificate		\$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.

	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"
Premier Global	Health Services	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
Texas		74-2188582
2	3.	(FEI number, if applicable)
3 4 1 5 1 (MI)		
4	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
NA S.		
•		
1511 TEXAS AV	WY 30 COLLEGE STATION, TX 77845 (Principa /E S STE 270 COLLEGE STATION, TX 77840	office address) 0-3328
1511 TEXAS AV		office address) 0-3328 g address, if different)
8. Name and street		g address, if different)
- ISTI TEAAS AV	(Current mailing	g address, if different)
8. Name and street	(Current mailing et address of Florida registered agent: (P.O. Mohini Dewkinandan	g address, if different)
8. Name and street	(Current mailing et address of Florida registered agent: (P.O Mohini Dewkinandan 1720 Harbor View Cir Weston	address, if different) Box NOT acceptable)
8. Name and street	(Current mailing et address of Florida registered agent: (P.O Mohini Dewkinandan 1720 Harbor View Cir Weston	address, if different) Box NOT acceptable)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS . Tracy Smith Chairman: 8421 CR 109 Address: Iola, TX 77861 Matt Abegglen Vice Chairman: 1 West Bronze Ln Address: Bryan, TX 77807 Jason Gray Director: 4406 Regal Oaks Dr. Address: College Station, TX 77845 Mohini Dewkinandan Director: 1720 Harbor View Cir. Address: Weston, FL 33327 **B. OFFICERS** President: 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. 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. Tracy Smith 13.

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



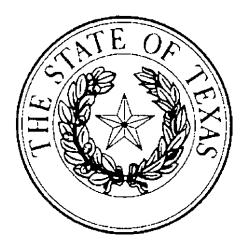
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for SCIENTIFIC MARKETING INSTRUMENTATION AND LABORATORY EQUIPMENT, INC. (file number 56225400), a Domestic For-Profit Corporation, was filed in this office on May 15, 1981.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 11, 2018.





Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555 Fax: (512) 463-5709 I
Prepared by: SOS-WEB TID: 10264