

F180000005018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

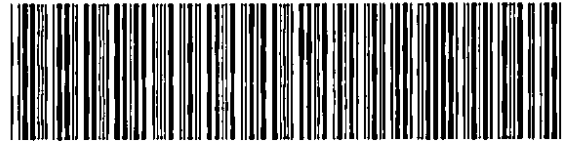
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
18 NOV -1 AM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
18 NOV -1 PM 1:53  
DEPARTMENT OF REVENUE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA


K. SALY  
NOV 2 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 466943 7925055

AUTHORIZATION :

COST LIMIT :  \$70.00

ORDER DATE : October 31, 2018

ORDER TIME : 1:08 PM

ORDER NO. : 466943-005

CUSTOMER NO: 7925055

FOREIGN FILINGS

NAME: P/S/L ADMINISTRATION SERVICES  
AMERICA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations  
PSM Administration Services America Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
c/o Bibiana Lau

Name of Person
PISAL Administration Services America Inc.

1140 Avenue of the Americas, 14th FL	Firm/Company
--------------------------------------	--------------

New York, NY 10036

City/State and Zip code

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

For further information concerning this matter, please call:

Bibiana Lau                      212          220-0880  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone 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 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.*

PASL Administration Services America 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)  
DE 45-2557876

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
1/29/2016

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
11/12/2018

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1140 Avenue of the Americas, 14th FL., New York, NY 10036

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Corporation Service Company  
Name: \_\_\_\_\_  
1201 Hays Street  
Office Address: \_\_\_\_\_  
Tallahassee 32301  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

Corporation Service Company

**Emily Croft**

**Asst. Vice President**

By: \_\_\_\_\_

(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.

FILED  
18 NOV - 1 AM 2:10  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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18 NOV -1 AM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Michele Fearon

Director: \_\_\_\_\_

1140 Avenue of the Americas, 14th Fl., New York, NY 10036

Address: \_\_\_\_\_  
\_\_\_\_\_

James Karr

Director: \_\_\_\_\_

1140 Avenue of the Americas, 14th Fl., New York, NY 10036

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

Michele Fearon

President: \_\_\_\_\_

1140 Avenue of the Americas, 14th Fl., New York, NY 10036

Address: \_\_\_\_\_  
\_\_\_\_\_

[and Assistant Treasurer] Bibiana Lau

Vice President: \_\_\_\_\_

1140 Avenue of the Americas, 14th Fl., New York, NY 10036

Address: \_\_\_\_\_  
\_\_\_\_\_

Kathryn Daub

Secretary: \_\_\_\_\_

1140 Avenue of the Americas, 14th Fl., New York, NY 10036

Address: \_\_\_\_\_  
\_\_\_\_\_

[and Vice President] James Karr

Treasurer: \_\_\_\_\_

1140 Avenue of the Americas, 14th Fl., New York, NY 10036

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.

Bibiana Lau VP & Assistant Treasurer

13. \_\_\_\_\_

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P\S\L ADMINISTRATION SERVICES AMERICA 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P\S\L ADMINISTRATION SERVICES AMERICA INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JUNE, A.D. 2011.

FILED  
18 NOV - 1 AM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

4998206 8300

SR# 20187421735

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203722109

Date: 10-31-18