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COVER LETTER

TO: Registration Section Division of Corpora	ions		
SUBJECT: Premier Conne	cts, Inc.		
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good Sta	лding" and check are su	act Business in Florida," bmitted to register the
Please return all corresponde Wayne M. Chiurazzi, Esquire	nce concerning this matte	er to the following:	
	Name of	Person	
The Chiurazzi Law Group			
101 Smithfield Street	Firm/Con	npany	
Pittsburgh, PA 15222	Addr	ess	
wchiurazzi@the-attomeys.com	City/State a	nd Zip code	
Ē-	nail address: (to be used	for future annual report	notification)
For further information conce	ming this matter, please o	call:	
Wayne M. Chiurazzi	412 aı (434-0773	
Name of Person	Area Cod	e Daytime Telep	hone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230 Enclosed is a check for the followed	ons r Circle I	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
□ \$70.00 Filing Fee □ \$	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

Premier Conne	ects, Inc.			
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATE. Corp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	
(If name unavai Delaware	lable in Florida, enter alternate corporate nam		82-1650931	
(State or count	ry under the law of which it is incorporated)	J	(FEI number, if applicable)	
May 8, 2017		5		
(Date	e of incorporation)	٠	(Date of duration, if other than	perpetual)
			(po-po-da.,
	(Date first transacted business	in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.	.150	12, F.S., to determine penalty liability)	
1570 Bonita Lan	e. Naples, FL 34102			
	(Princ	cipa	l office address)	
				Za S
	(Current mai	ling	address, if different)	
				MPR 2
Name and street	et address of Florida registered agent: (P	.O.	Box NOT acceptable)	
Name:	Alyssa Smith		· · · · · · · · · · · · · · · · · · ·	2
Name.	1570 D		_	် ကို မှ
fice Address:	1570 Bonita Lane			· · · · · · · · · · · · · · · · · · ·
	Naples		34102	
	(City)		, 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.

(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. DIR	ECTORS		
Chairma			
Address:	1570 Bonita Lane		
	Naples, FL 34102		
Vice Cha	Alyssa Smith		
Address:	1570 Bonita Lane		
	Naples, FL 34102		
Director:	Alyssa Smith		
Address:	1570 Bonita Lane		
	Naples, FL 34102		
Director:			
B. OFF	ICERS		
President:	Alyssa Smith	三	
Address:	1570 Bonita Lane		n
	Naples, FL 34102	- 第一元 ライン 29 ライン 29	<u></u>
Vice Presi	Alyssa Smith		m
Address:	dent: 1570 Bonita Lane	ښ . د	
	Naples, FL 34102	- 28 S. E.	
Secretary:	Alyssa Smith		
_	1570 Bonita Lanc, Naples, FL 34102		
Treasurer:	Alyssa Smith	-	
	1570 Bonita Lane, Naples, FL 34102		
NOTE: 1	f necessary, you may attach an addendum to the application listing additional office	rs and/or directors.	
a third deg	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms to that he or she is aware that false information submitted in a document to the Departee felony as provided for in s.817.155, F.S. Smith	that the facts stated hartment of State cons	erein titutes
13.			

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PREMIER CONNECTS, 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 TWENTY-SECOND DAY OF APRIL, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREMIER CONNECTS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202681673

Date: 04-22-19