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| Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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June 11, 2019

KENDRA BROWN 4402 SE 20TH PL CAPE CORAL, FL 33904

SUBJECT: PROFESSIONAL SATELLITE INSTALLATIONS INC (PSI)

Ref. Number: W19000055598

We have received your document for PROFESSIONAL SATELLITE INSTALLATIONS INC (PSI) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brooke N Kinsey Regulatory Specialist II

Letter Number: 519A00011683

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Professional Saturity Installations TN'C (PSI) 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: |
| Mendra R. Brown |
| Professional Satellite Installations INC (PSI) Firm/Company |
| 41-102 SE 20th PL |
| Address Cape Corol FL 3390'-1 City/State and Zip code |
| 5 = 5 |
| For further information concerning this matter, please call: |
| Name of Person at (70H) 554-7810 Final Area Code Daytime Telephone Number 5 |
| 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: |
| S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (Enter name of co | ntory. Softilite Inportation: must include "INCORPORTION," "Inc." "Co." or "Corp.") | <u>.17570.</u> RATED," - | COMPANY." "CORPORATION," | reorporated | (: |
|---------------------------------------|---|-----------------------------|--|---|---------|
| | PST | | | | |
| (If name unavaila | ble in Florida, enter alternate corpora | ite name ado | ipted for the purpose of transacting by | siness in Florida) | |
| Penney | None | 3 | 900001083 | | |
| (State or country | ander the law of which it is incorpor | rated) | (FEI number, it applie | | |
| 5-12 | - 2015 | 5 | Perpetual (Date of duration, if other than | | |
| (Date | of incorporation) | ····· - ·/· | (Date of duration, if other than | perpetual) | |
| | NIA | | | | |
| | (Date first transacted b | | torida, if prior to registration) 2, F.S., to determine penalty liability) | *************************************** | |
| 21516 | Douglas Run Ros | d = 5 | Mersuille PA 10 office address) | 5083 | |
| 4460 5 | OF 30th PL CO | non Ci | oral FL 33704 | | |
| | (Cure | ch mailing | address, if different) | Aug. 19 | |
| Name and street | t address of Florida registered age | int: (P.O. | Box <u>NOT</u> acceptable) | JUN 17 PH 4: 41 | - T. T. |
| : vario. | 1) | · | _ | FR PR | • |
| ffice Address: | 1409 26 90 pr | hr. | | - F | |
| | Cap Coral | | Florida <u>33904</u> | AIR AIR | |
| | (City) | | (zap code) | | |

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.

| II. Nam | nes and business addresses of officers and/or directors: | |
|--------------|---|-------------------------------|
| | ECTORS | |
| Chairman | : Mardea & Benish | |
| | 4409 St 30Hr PL | |
| | Cape Carol, 17 1 33904 | |
| Vice Chai | rman: | |
| Address: | | |
| _ | | |
| Director: | | |
| | | |
| | | |
| | | |
| | | |
| Audress: | | |
| Address: | Porald I Back 4402 St 20th PL Cape Coral Fil 3390:1 | TALL AND THE |
| Vice Presi | ident: | 71/2 P C |
| Address: | | PH LILL |
| | | |
| Sceretary: | | |
| Address: | | |
| Treasurer: | : |) |
| Address: | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional form of Nimeton of Office or Office | al officers and/or directors. |
| |) Signiture (it is needed to control | |
| are true a | er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to tagree felony as provided for in \$,817,155, F.S. | |
| 13. <u>V</u> | (Typed or printed name and capacity of person signing applie | ation) |

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 06/17/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

JOO HEREBY CERTIFY THAT,

Professional Satellite Instellations (PSI) incorporated (Inc.)

is duly registered as a Pennsylvania PA Non Stock 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

Acting Secretary of the Commonwealth

Certification Number: TSC190617151244-1

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