F19000005613

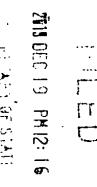
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
cial Instructions to Filing Officer:

Office Use Only



800335941388

10/28/19--01035--019 ++87.50





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2019

ALBERT A. SANCHEZ, JR. 2055 WOOD STREET, SUITE 220 SARASOTA, FL 34237

SUBJECT: PROBE TEST SOLUTIONS, INC.

Ref. Number: W19000097330

We have received your document for PROBE TEST SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 919A00022763

www.sunbiz.org



Albert A. Sanchez, Jr. Attorney at law

October 22, 2019

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

Dear Sir/Madam:

Please find enclosed the completed Application by Foreign Corporation for Authorization to Transact Business in Florida, a check for the \$87.50 filing fee and a self-addressed stamped envelope. Please return of the Certificate of Status and Certified Copy in the envelope provided.

Sincerely

Albert A. Sanchez, Jr., Esq.

AAS/ces Encl: (3)

> Construction, Business and Real Estate Fau Dispute Resolution - Mediation - Litigation - Arbitration

COVER LETTER

Division of Co	rporations						
SUBJECT: PROBE	TEST SOLUTIONS, INC		la entitiv	<u></u>	_		
	Name of co	rporation - must include	ie suitiv				
Dear Sir or Madam:							
"Certificate of Existen	ition by Foreign Corpor ce," or "Certificate of C gn corporation to transa	food Standing" and ch	eck are submitted	iness in Florida," I to register the			
Please return all corres	spondence concerning th	ns matter to the follow	ring:				
ALBERT A. SANCHEZ					_		
		Name of Person					
SANCHEZ LAW, PLLC					_		
	1	Firm/Company					
2055 WOOD STREET,	SUITE 220	Address			_		
		Addless					
SARASOTA, FLORIDA	1 34237						
	Ci	ty/State and Zin code			 -		
		ty/State and Zip code		··································			
AASANCHEZLAW@C	MAIL.COM	ty/State and Zip code be used for future and	nual report notific	ation)	-		
	E-mail address: (to	be used for future uni	ual report notific	ation)	- -		
	MAIL.COM	be used for future uni	nual report notific	ation)	-		
	FMAIL.COM E-mail address: (to n concerning this matte	be used for future uni	nual report notific	ation)	-	211	
For further informatio	E-mail address: (to n concerning this matte	be used for future and please call:	nual report notifications are report notifications.		13. C. I	213 D	
For further informatio	E-mail address: (to n concerning this matte	be used for future and please call:			A CARRE	Žini dec	
For further informatio ALBERT A. SANCHEZ Name of Pers	E-mail address: (to n concerning this matte	be used for future and r. please call: 241 366-0001 Area Code Day		Number	S. C. ARASS	ŽIIII DEC 19	
For further informatio ALBERT A. SANCHEZ Name of Pers STREET/CO Registration S	E-mail address: (to E-mail address: (to n concerning this matte C, JR at (on OURIER ADDRESS:	be used for future and r. please call: 241 366-0001 Area Code Day Re	Aime Telephone S AILING ADDRE	Number	S. CREARY C	9	
For further informatio ALBERT A. SANCHEZ Name of Pers STREET/CO Registration S Division of Co	E-mail address: (to n concerning this matte 7, JR at (on OURIER ADDRESS: section orporations	be used for future and r. please call: 241 366-0001 Area Code Day M Re Di	Aime Telephone S AILING ADDRE gistration Section vision of Corpora	Number	S. CALLARY OF	9	
For further informatio ALBERT A. SANCHEZ Name of Pers STREET/CO Registration S Division of Co	E-mail address: (to n concerning this matte 7, JR at (on OURIER ADDRESS: section orporations	be used for future and property please call: 241 366-0001 Area Code Day Re Di P.0	Aime Telephone S AILING ADDRE	Number ESS: tions	S. CALIARY OF ST	9	
For further informatio ALBERT A. SANCHEZ Name of Pers STREET/CO Registration S Division of Co	E-mail address: (to n concerning this matte 7, JR at (on OURIER ADDRESS: lection corporations ng	be used for future and property please call: 241 366-0001 Area Code Day Re Di P.0	AILING ADDRE gistration Section vision of Corpora D. Box 6327	Number ESS: tions	S. CALLARY OF STAIL	9	
Name of Pers STREET/CO Registration S Division of Ce Clifton Buildi 2661 Executiv Tullnhassee, F	E-mail address: (to n concerning this matte 7, JR at (on OURIER ADDRESS: lection corporations ng	be used for future unit c, please call: 241 366-0001 Area Code Day M Re Di P.C	AILING ADDRE gistration Section vision of Corpora D. Box 6327	Number ESS: tions	S. CREARY OF STATE		

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.

L PROBE TEST S	OLUTIONS, INC		
(Enter name of co	orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")	ED." "COMPANY." "CORPORATION,"	
PTSL, INC	ble in Florida, enter aliernate corporate na	ame adopted for the purpose of transacting business in Florida)	
2. NORTH CAROL (State on country	under the law of which it is incorporated	3 32-054800335 (FEI number, if applicable)	
4. APRIL 8, 2016		5. (Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. SEPTEMBER 1,	2019		
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability:	
7, 1990 MAIN STRI	EET, SUITE 750, SARASOTA, FLORIDA	A 34236	
		incipal office address)	
	(Current m	nailing address, if different)	
8. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	ALBERT A. SANCHEZ, JR		
Office Address:	2055 WOOD STREET, SUITE 220		
	SARASOTA	, Florida <u>34237</u>	
	(City)	(Zip code)	
designated in this further agree to co	ed as registered agent and to accept s application, I hereby accept the appo omply with the provisions of all statu	service of process for the above stated corporation at the plac wintment as registered agent and agree to act in this capacity, thes relative to the proper and complete performance of my ons of my position as registered agent.	
	\mathcal{A}	_	
the Department of	ertificate of existence duly authenticate	ated, not more than 90 days prior to delivery of this application are official having custody of corporate records in the jurisdiquical formula of the property of the propert	

11. Names and business addresses of or	ficers and/or directors:	
A. DIRECTORS		
Chairman: JORDAN MACKELLAR		
Address: 1990 MAIN STREET, SUITE 75	0	
SARASOTA, FLORIDA 34236		
Vice Chairman:		
Address:		
Director: JORDAN MACKELLAR	<u></u>	
Address: 1990 MAIN STREET, SUITE 75	0	
SARASOTA, FLORIDA 34236		
Director.		
Address:		
B. OFFICERS		
President: JORDAN MACKELLAR	 	
Address: 1990 MAIN STREET, SUITE 75	0	
SARASOTA, FLORIDA 34236		
Vice President;		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach a	n addendum to the application li	sting additional officers and/or directors.
12.	h 12.	
are true and that he or she is aware that	false information submitted in a	neer 11 above) affirms that the facts stated herein adocument to the Department of State constitutes
a third degree felony as provided for in	MACKELLAN	DIRECTOR.
(Typed or prin	ed name and capacity of person	



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby rtify that

PROBE TEST SOLUTIONS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, ving been incorporated on the 8th day of April, 2016, with its period of duration being regular.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's ticles of incorporation are not suspended for failure to comply with the Revenue Act of State of North Carolina; that the said corporation is not administratively dissolved for ilure to comply with the provisions of the North Carolina Business Corporation Act; at its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to Secretary of State; and that the said corporation has not filed articles of dissolution as the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of December, 2019.

Elaine J. Marshall

Secretary of State

fication# 105940166-1 Reference# 15716907- Page: 1 of 1 by this certificate online at http://www.sosnc.gov/verification