

Fa0000000129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000337519750

12/09/19--01026--019 **87.50

FILED

2019 DEC -9 P 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 08 2020
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSS Communications Inc
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:

Martene C Fales
Name of Person
PSS Communications Inc
Firm/Company
309 Bryce Ct.
Address
(8) Sun City Center FL 33573
City/State and Zip code
martenefales@psscomm.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martene C Fales at (408) 646-8484
Name of Person CFO 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.

1. PSS Communications Inc.
(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)

2. California 3. 201275039
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/15/2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 309 Bryce Ct SunCity Center FL 33573
(Principal office address)

1645 SunCity Center PLZ. #6159 Sun City Center FL 33571
(Current mailing address, if different)

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

Name: Marlene C Fales CFO

Office Address: 309 Bryce Ct
SunCity Center, Florida 33573
(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.

Marlene C Fales CFO
(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
2019 DEC - 9 PM 16:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Paul R Fales

Address: 309 Bryce Ct
Sun City Center FL 33573

Vice Chairman: Marlene C Fales

Address: (Sister) 309 Bryce Ct
Sun City Center FL 33573

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul R Fales

Address: 309 Bryce Ct
Sun City Center FL 33573

Vice President: _____

Address: _____

Secretary: Marlene C Fales

Address: (Sister) 309 Bryce Ct Sun City Center FL 33573

Treasurer: Marlene C Fales

Address: 309 Bryce Ct Sun City Center FL 33573

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Marlene C Fales

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.

13. Marlene C Fales CFO

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PSS COMMUNICATIONS, INC.

FILE NUMBER: C2656815
FORMATION DATE: 06/15/2004
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of November 13, 2019.

ALEX PADILLA
Secretary of State