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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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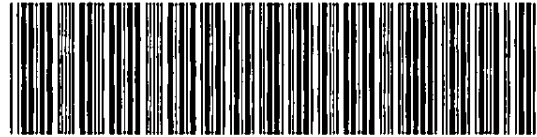
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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08/10/20--01040--006 \*\*73.75

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL AUDITING SERVICES OF AMERICA, CO.

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:

ROY JACKSON

Name of Person

PROFESSIONAL AUDITING SERVICES OF AMERICA, CO.

Firm/Company

29155 NORTHWESTERN HWY., STE # 643

Address

SOUTHFIELD, MI 48034

City/State and Zip code

Roy@pas-cash.com

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

For further information concerning this matter, please call:

ROY JACKSON

at ( 248 ) 514-4168

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. PROFESSIONAL AUDITING SERVICES OF AMERICA, CO.  
(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. MICHIGAN 3. 30-0843154  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/1/2014 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 29155 NORTHWESTERN HWY., STE # 643, SOUTHFIELD, MI 48034  
(Principal office street address)
- (Current mailing address, if different)

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

Name: REGISTERED AGENTS, INC.

Office Address: 7901 4TH ST. N.  
ST. PETERSBURG, FL , Florida 33702  
(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.*

BILL HAVRE  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

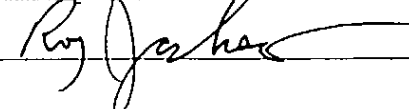
**A. DIRECTORS**

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Chairman             | Name: <u>ROY JACKSON</u>                      | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: <u>29155 NORTHWESTERN HWY, # 643</u> | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director             | <u>SOUTHFIELD, MI 48034</u>                   | <input type="checkbox"/> Director       | _____                                |
| <input checked="" type="checkbox"/> President | _____   | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____   | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer            | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Chairman             | Name: <u>ROY JACKSON, JR.</u>                 | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: <u>29155 NORTHWESTERN HWY, # 643</u> | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director             | <u>SOUTHFIELD, MI 48034</u>                   | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President            | _____   | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____   | <input type="checkbox"/> Vice President | _____                                |
| <input checked="" type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer            | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

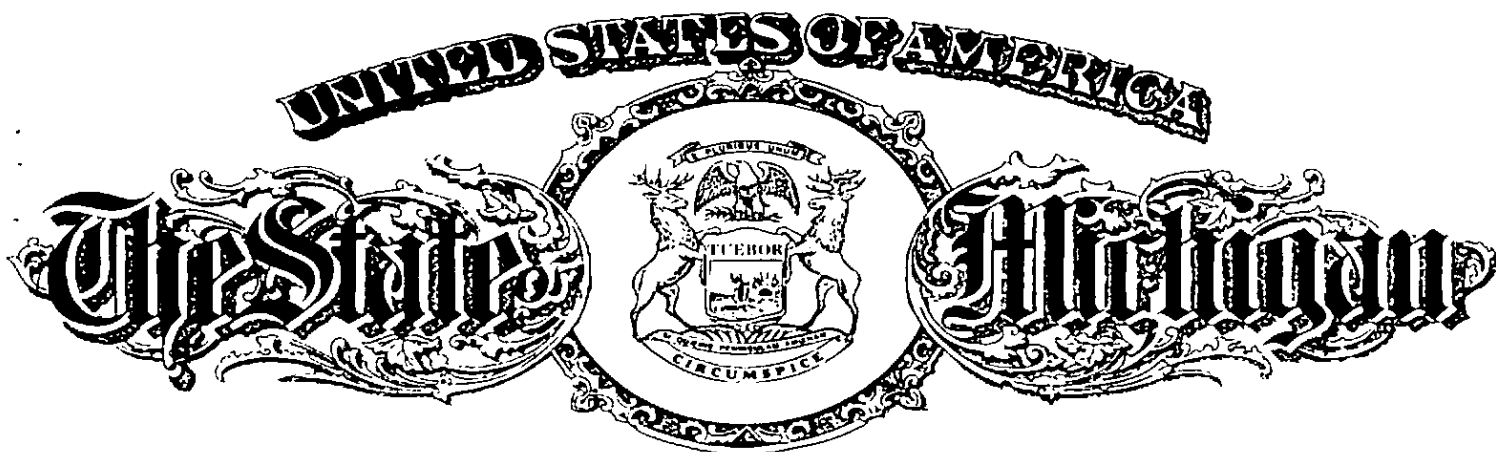
|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

13. ROY JACKSON, CEO/ AUDIT PARTNER \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**PROFESSIONAL AUDITING SERVICES OF AMERICA, CO.**

*was validly incorporated on July 2, 2014 as a Michigan DOMESTIC PROFIT CORPORATION,  
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation  
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other  
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 20072435890

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 31st day of July, 2020.*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau