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05/18/20--01025--004 **78.75

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.

PS Business Services of TN, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Tennessee 3. 47-2639725 (State of country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East; Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East Jacksonville 12767 Camellia Bay Dr East Jacksonville Florida (City) (City) (Zip code)	Tennessee (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East: Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East (City) Florida 32223 (City) Registered agent's acceptance:	"Inc.," "Co.," "C	огр," "Inc." "Со," or "Согр.")	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East; Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East 12767 Camellia Bay Dr East	(State of country under the law of which it is incorporated) (State of country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East: Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name: Peggy Johnson 12767 Camellia Bay Dr East Jacksonville 12767 Camellia Bay Dr East Jacksonville Florida (City) Registered agent's acceptance:	PS Business Sea	vices of TN, Inc.	
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(PET number, if applicable) 12/26/2014 5. (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East; Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East	(Current mailing address. if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East Jacksonville 12767 Camellia Bay Dr East 12767 Camellia Bay Dr	Tennessee	3 4	17-2639725
(Date of incorporation) (Date of duration, if other than perpetual) May 1st, 2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East; Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East	(Date of incorporation) May 1st, 2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12767 Camellia Bay Dr East; Jacksonville, FL 32223 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Peggy Johnson 12767 Camellia Bay Dr East Jacksonville 12767 Camellia Bay Dr East Jacksonville Florida (City) Registered agent's acceptance:	(State of countr	y under the law of which it is incorporated)	(FEI number, if applicable)
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(City) (Zip code)	Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O. Peggy Johnson	
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		Name: Tice Address: Registered agoving been name	Peggy Johnson 12767 Camellia Bay Dr East Jacksonville (City) ent's acceptance: ed as registered agent and to accept service	Box NOT acceptable) Florida 32223 (Zip code) of process for the above stated corporation at the place.
aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ad I am familiar with and accept the obligations of my position as registered agent.	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Name: flice Address: Registered agaving been namesignated in this rther agree to c	Peggy Johnson 12767 Camellia Bay Dr East Jacksonville (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relations.	Box NOT acceptable) Florida 32223 (Zip code) of process for the above stated corporation at the plant as registered agent and agree to act in this capacitative to the proper and complete performance of my of
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name. Peggy Johnson	□Chairman	Name:
□Vice Chairman	Address: 12767 Camellia Bay Dr East	□Vice Chairman	Address:
□Director	Jacksonville, FL 32223	□Director	
President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	☐Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	□Other	□Other	□Other □
□Chairman	Name:	□Chairman	Name:
			* 17
□Vice Chairman	Address:	□Vice Chairman	Address:
□Vice Chairman □Director		□Vice Chairman □Director	
□ Director □ President		□Director	
□ Director □ President		□ Director □ President	
□Director □President □Vice President	□Treasurer	□Director □President □Vice President	□Treasurer
□ Director □ President □ Vice President □ Secretary □ Other	☐ Treasurer ☐ Other se an attachment to report more than six (6). The attachment to the index when tiling your Florida Department (and who is listed in number of signifig this document (and who is listed in number of signifig this document (and who is listed in number of significant content).	□Director □President □Vice President □Secretary □Other achinent will be imagedent of State Annual Report Officer er 11 above) affirms that	©Treasurer ©Other for reporting purposes only. Non-indexed port form.
□ Director □ President □ Vice President □ Secretary □ Other	☐ Treasurer ☐ Other	□Director □President □Vice President □Secretary □Other achinent will be imagedent of State Annual Report Officer er 11 above) affirms that	©Treasurer ©Other for reporting purposes only. Non-indexed port form.
□ Director □ President □ Vice President □ Secretary □ Other Important Notice: Uindividuals may be a lead of the saware that false	Treasurer Other Se an attachment to report more than six (6). The attachment to the index when tiling your Florida Department of the Department (and who is listed in number information submitted in a document to the Department (and who is listed in number information submitted in a document to the Department)	□Director □President □Vice President □Secretary □Other □chment will be imagedent of State Annual Report Officer er 11 above) affirms that the constitut	☐ Treasurer ☐ Other I for reporting purposes only. Non-indexed port form. If the facts stated herein are true and that he or es a third degree felony as provided for in



Division of Business Services Department of State

State of Tennessee 312 Rosa L., Parks AVE, 6th FL Nashville, TN 37243-1102

CHAZ VETTER 524 E IRIS DR

NASHVILLE, TN 37204

May 11, 2020

Request Type: Certificate of Existence/Authorization

Request#: 0364568

Issuance Date: 05/11/2020

Copies Requested:

Document Receipt

Receipt #: 005541278

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3781519301

\$20.00

Regarding:

PS Business Services Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 12/26/2014

Status:

Active

Perpetual Duration Term:

Business County: DAVIDSON COUNTY

Control # 1

732417

Date Formed:

12/26/2014

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PS Business Services Inc.

- is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed

Secretary of State

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Verification #: 039597030