M0200000810

TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: PREMIER SOLUTIONS ENTERPRISES, LLC

Dear Sir/Madam,

The enclosed 'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", "Certificate of Designation of Registered Agent/Registered Office", "Certificate of Existence", and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MS BIC NORA CAMPBELL
(Name of Person)
PREMIER SOLUTIONS ENTERPRISES, LLC
(Firm/Company)
1301 1St St. South, #1003
(Address)
Jacksonville FL 32250
(City/State and Zip Code)

For further information concerning this matter, please call:

Ms BLC NORA Campbell at (904) 954-6008

(Name of Person)

Area Code and Day Time Telephone

Enclosed is a check for the following amount
\$100.00 Filing fee for application
\$ 25.00 Designation of Registered Agent

J. BRYAN MAR 2 9 2002

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHO

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATISTES THE FOLLOWING

LIMITED LIABILITY COMPANY TO TRANSACT BUSINES	SIATUTES, THE FOLLOWING IS SUBMITTED TO REGISTERIA FOREIG SS INTHE STATE OF FLORIDA:
**	S ENTERPRISES, LLC
(Name of	foreign limited liability company)
2. NEVADA	3 32-000553
(Jurisdiction under the law of which foreign limited li company is organized)	ability 3. $32 - 0005523$ (FEI number, if applicable)
4. MARCH 12, 2002	5. MARCH 12, 2032
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	no D
(Date first transacted business in Flori	ida. (See sections 608.501, 608.502, and 817.155, F.S.)
	E. 200
LAS VEGAS, NV 89128	
(Street	address of principal office)
8. If limited liability company is a manager-ma	anaged company, check here 🗶
9. The name and usual business addresses of the	ne managing members or managers are as follows:
MA BIC NORA CAM	0 0 0 1 1
MAN DIC NORTH CAME	PBELL
THOMAS CAMI	PBELL
- 1301 IST ST.	SOUTH # 1003
<u>Jackson ville</u>	FL 32250
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. translation of the certificate under oath of the translator	than 90 days old, duly authenticated by the official having custody of records. (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
11. Nature of business or purposes to be condu	cted or promoted in Florida: TECHNOLOG-Y
CONSULTAN CY	
and	Candoll
(In accordance with section 608.4	r an authorized representative of a member. 108(3), F.S., the execution of this document constitutes s of perjury that the facts stated herein are true.)
	RA CAMPBELL
	printed name of signee



PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PREMIER SOLUTIONS ENTERPRISES, LLC

2. The name and the Florida street address of the registered agent and office are:

BIC NORA CAMPBELL
(Name)

1301 IST STREET South \$1/003

Florida street address (P.O. Box NOT ACCEPTABLE)

Jacks on ville FL 32250
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

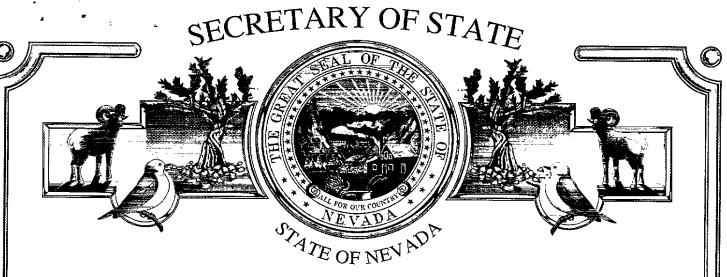
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that **PREMIER SOLUTIONS ENTERPRISES**, **LLC** is a Limited Liability Company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **March 12**, **2002**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **March 12, 2002.**

Secretary of State

W Lufullison

Certification Clerk

