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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Adcount Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone 1 (850)222-1092

Fax Number : (850)878-5926

ORIDA/FOREIGN LIMITED LIABILITY CO.

PTS of America, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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CT CORP

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10/26/2007 10:11

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 648503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;
Name of Foreign Limited Liability Company)
2. Tenne of Foreign Limited Liability Company) (Nurlsdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 9/17/2003 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
7. 1877 Air lanc Drive Pensity liability)
Nashville TN 37210 SAR 28 (Sueer Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Kent Wood - 1877 Airlane Dr. Nashville, TN 37210
Alan Sichbeck - 1877 Airlane Dr Nashville TN 37210
That Catalogue - 1877 Airlane Or Nashville TN 37211
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Extradition Services Pluta. Word
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated bettern are much)
Typed or printed name of signee

PLOS? - WINGS (; T System Orbin

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:		
PTS of America LLC	2007 SE	
2. The name and the Florida street address of the registered agent and office are:	OCT 26 CRETARY LAHASSE	enter of the second sec
C T Corporation System		
(Name)	AH S	17800 TO
1200 South Pine Island Road	H 8: 47 FSTATE FLORID	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	A	
Plantation, Florida 33324		
Clry/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 us provided for in Chapter 608, Florida Statutes.

Sy: Marie Edwards Asst. Socretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FLOST - WORKE C Y by two Deline

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Teanessee 37243

ISSUANCE PATE: 10/25/2007 REQUEST NUMBER: 07298529 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/17/2003 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0464023 JURISDICTION: TENNESSEE

TO: CFB 0161 HWY 108 . NASHVILLE, TN 37221 REQUESTED BY: CFS 8161 HWY 100

NASHVILLE, TH 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARHELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREDY CERTIFY THAT

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID; THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED. THAT ARTICLES OF DISSOLUTION MAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

07 OCT 26 AM 8: 47 ECRETARY OF STATE LAHASSEF FI OBIGA

FOR: REQUEST FOR CERTIFICATE .

ON DATE: 10/25/07

FROM: CAPITAL FILING SERVICE (CFS) 5161 HIGHMAY 100 5172 HASHVILLE, TN 37221-0000 RECEIVED: \$240.00

75.02

TOTAL PAYMENT RECEIVED: 426

RECEIPT NUMBER: 00004284795 ACCOUNT NUMBER: 00101230

RILBY C. DARNELL SECRETARY OF STATE

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