118000007780

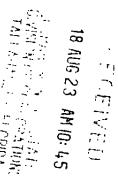
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700317537947





K. SALY AUG 24 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 360137 4370110

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: August 22, 2018

ORDER TIME : 10:01 AM

ORDER NO. : 360137-015

CUSTOMER NO: 4370110

FOREIGN FILINGS

NAME: PREMIER PROJECT MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

Divi	sion of Corporatio	ns				
SUBJECT:	Premier Project Ma	nagement LLC				
-		Name of	Limited Liability	Company		
					ansact Business in Florida." Co y company to transact business	
Please return	all correspondence	concerning this matter to the	following:			
	Ruth Shumway	,				
		N	ame of Person			
	Ashford					
		Fi	rm/Company			
	14185 Dallas P	arkway, Suite 1100				
			Address			
	Dallas, TX 753	254				
	 	City/S	tate and Zip Code		······	
	rshumway@ashf	ordinc.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further inf	ormation concernin	g this matter, please call:				
Ruth	Shumway		972 at (778-920	03	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce. Fl. 32301	
	check for the follow 25.00 Filing Fee	ing amount: \$\Bigcup \frac{1}{3} \text{130.00 Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	licate

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate i	name adopted fo	or the purpose of transacting business in	Florida. The alternate name must	include "Limited Liability Co	mpany," "L.L.C," or "LL.C,")
2 Maryland			3. 32-0569521		
(Jurisdiction under the law of w	hich foreign lur	nited liability company is organized)	J	(FEI number, if ap	plicable)
4.					يم
	(Date fin (See sec	ist transacted business in Florida, if prior tions 605,0904 & 605,0905, F.S. to dete	to registration) mine penalty liability)		SS P
5 14185 Dallas Parkway	y, Suite 110	00	6.		
(Street Address of	Principal Office	<u> </u>	4. <u> —</u>	(Mailing Address)	73 1
Dallas, TX 75254					
					
	5.11		31000		FIG.
/. Name and street addre		ia registered agent: (P.O. B	ox <u>NOT</u> acceptable)		
Name:	Corporal	tion Service Company			2 ,
Office Address:	1201 Haj	ys Street			
	Tallahas	SPP		. 32301	
		(Cav)	Flor	(Zip code)	
and accept the obligation	e of me no		er and complete perfor		
and accept the obligation		sition as segistered agent. tion Service Company, Registered agen	u Dun	f	Roxanne Turner st. Vice President
	Corporate By:	sition as registered agent. tion Service Company,	s signature)	As As	Roxanne Turner
8. The name, title or caps	Corporat By: acity and a	sition as segistered agent. tion Service Commany, Registered agen ddress of the person(s) who	(s signature) has/have authority to m	As As anage is/are:	Roxanne Turner st. Vice President
8. The name, title or caps Title or Capacity:	Corporate By:	ddress of the person(s) who Name and Address: Robert G. Haiman 14185 Dallas Pkwy #1100	's signature) has/have authority to m Title or Capac	As As anage is/are: ity: Na: Ch	me and Address: ristopher Peckham 185 Dallas Pkwy #1100
8. The name, title or caps Title or Capacity:	Corporate By:	sition as segistered agent, tion Service Company, Registered agen ddress of the person(s) who Name and Address: Robert G. Haiman	's signature) has/have authority to m Title or Capac	As As anage is/are: ity: Na: Ch	Roxanne Turner st. Vice President me and Address: ristopher Peckham
8. The name, title or caps Title or Capacity:	Corporate By:	ddress of the person(s) who Name and Address: Robert G. Haiman 14185 Dallas Pkwy #1100	's signature) has/have authority to m Title or Capac	As As anage is/are: ity: Na: Ch	me and Address: ristopher Peckham 185 Dallas Pkwy #1100
8. The name, title or caps Title or Capacity:	Corporate By:	ddress of the person(s) who Name and Address: Robert G. Haiman 14185 Dallas Pkwy #1100	's signature) has/have authority to m Title or Capac	As As anage is/are: ity: Na: Ch	me and Address: ristopher Peckham 185 Dallas Pkwy #1100
8. The name, title or caps Title or Capacity: President	Corporat By:	ddress of the person(s) who Name and Address: Robert G. Haiman 14185 Dallas Pkwy #1100	's signature) has/have authority to m Title or Capac	As As anage is/are: ity: Na: Ch	me and Address: ristopher Peckham 185 Dallas Pkwy #1100
8. The name, title or caps Title or Capacity:	Corporat By:	ddress of the person(s) who Name and Address: Robert G. Haiman 14185 Dallas Pkwy #1100	's signature) has/have authority to m Title or Capac	As As anage is/are: ity: Na: Ch	me and Address: ristopher Peckham 185 Dallas Pkwy #1100
8. The name, title or caps Title or Capacity: President (Use attachments if neces) Attached is a certificate	Corporat By: acity and acity and acity and acity asary)	ddress of the person(s) who Name and Address: Robert G. Haiman 14185 Dallas Pkwy #1100	has/have authority to m Title or Capac Vice President	nanage is/are: ity: Ch 14 Da the official having c	Roxanne Turner st. Vice President me and Address: ristopher Peckham 185 Dallas Pkwy #1100 Illas, TX 75254

Typed or printed name of signec

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT. BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PREMIER PROJECT MANAGEMENT LLC (W18716621), REGISTERED APRIL 03, 2018, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 23, 2018.

Michael L. Higgs

Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relav Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: qpkKneEhS0m2p3XZWo0RJA To verify the Authentication Code, visit http://dat.maryland.gov/verify