P16000101213

(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:				





000292674320

12/02/16--01006--023 **70.00

2016 DEC 23 PH 3: 21
SECRETARY OF STATE
TALLABASSEE FLORID

V HERRING DEC 2 8 2016

11 010 0

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status	
	eferred Resource Network, Inc., d/b/	a Personal Assistance Service	s	
FROM:	Nam	e (Printed or typed)		
973	5 Landmark Parkway, Suite 17			
9735 Landmark Parkway, Suite 17		Address		
St.	Louis, MO, 63127			
	. City	, State & Zip	.	
800	0-356-0845			
	Daytime Telephone number			
spsl	kinner@paseap.com			
	E-mail address: (to be use	ed for future annual report	notification)	

Preferred Resource Network, Inc., d/b/a Personal Assistance Services

NOTE: Please provide the original and one copy of the articles.



December 6, 2016

SUSAN P. SKINNER 9735 LANDMARK PARKWAY, SUITE 17 ST. LOUIS, MO 63127

SUBJECT: PREFERRED RESOURCE NETWORK, INC., B/D/A PERSONAL

ASSISTANCE SERVICES Ref. Number: W16000081319

We have received your document for PREFERRED RESOURCE NETWORK, INC., B/D/A PERSONAL ASSISTANCE SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 116A00025821

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2016 DEC 23 PM 3: 26 ARTICLE I NAME Preferred Resource Network, Inc.; The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 9735 Landmark Parkway, Suite 17 Same St. Louis, MO 63127 ARTICLE III PURPOSE We are an Employee Assistance Program. The purpose for which the corporation is organized is: ARTICLE IV SHARES 30,00 D The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Susan P. Skinner, President Name and Title._____ Name and Title: 9735 Landmark Parkway, Suite 17 Address Address: St. Louis, MO 63127 Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Address _____ Address:

			2016 pm
Name and T	itle:	Name and Title:_	2016 DEC 23 PM 3: 26
Address		_ Address: _	M. 3.26
			SEE FLORIDA
ADVICE VI DE	CICTEDED ACENT		
The name and Flori	GISTERED AGENT ida street address (P.O. Box NOT acceptable) o	f the registered ager	nt is:
Name:	proporation Service Comp	2any	
Address:	1201 Hays Street	<u>-</u>	
Address:	Lorporation Service Comp 1201 Hays Street Tallahassee, FL 32301	_	
-	Tallahussee, FL DADOT	_	
ARTICLE VII IN	CORPORATOR		
<u> </u>			
The <u>name and addr</u>	ress of the Incorporator is: Susan P. Skinner		
Name:		-	
Address:	9735 Landmark Parkway, Suite 17	_	
	St. Louis, MO 63127		
		_	
ARTICLE VIII E	FFECTIVE DATE:		
Effective date, if oth	ner than the date of filing: 1/1/20 17	. (OP	
filing.)	e is listed, the date must be specific and canno	ot de more than iiv	ve days prior or 90 days after the
Note: If the date in	serted in this block does not meet the applicable	statutory filing red	nuirements, this date will not be listed as
	ctive date on the Department of State's records.		, , , , , , , , , , , , , , , , , , , ,
Uavina baan namaa	I au magistared agent to account complex of manager	n for the above stat	tod corneration at the place decignated in
	l as registered agent to accept service of proces familiar with and accept the appointment as re		
/l	huy / My		11/25/16
	Required Signature/Registered Agent		Date
I submit this docum	nent and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
	partment of State constitutes a third degree felor		
Λ	I Signature/Incorporator		11/25/16
Required	I Signature/Incorporator		Date

FILED