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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: RPM ASSET VALUA Name of corporation - must i	ATION SERVICES, INC		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authori: "Certificate of Existence," or "Certificate of Good Standing" at above referenced foreign corporation to transact business in Florida.	nd check are submitted to register the		
Please return all correspondence concerning this matter to the f	ollowing:		
ROGER MILLER	2		
Name of Person			
RRM ASSET VALUATION	V SERVICES, INC.		
Firm/Company			
14152 WATERWAY 13	LVD.		
Address			
FISHERS, IN. 4			
City/State and Zip of Cogermiller of @aol.	ode ĈoM		
E-mail address: (to be used for futur	e annual report notification)		
For further information concerning this matter, please call:			
Rame of Person Area Code &	191-3204 Daytime Telephone Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:	i le		
	Filing Fee & \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		

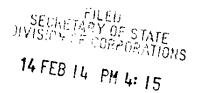
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		A STATUTES, THE FOLLOWING IS SUBM CT BUSINESS IN THE STATE OF FLORIDA	
1. (Enter name of co	OM ASSET VALUA orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ATION SERVICES, J ED," "COMPANY," "CORPORATION,"	INC.
	RPM SER	RVICES, INC.	
(If name unavaila	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting busine	ess in Florida)
2. I	NDIANA	3.	
(State or country t	under the law of which it is incorporated)		
ı. 1/6/	2005	5. PERPETVAL (Duration: Year corp. will cease to exist or	
/(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
5.	Non	VE	
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7. 889	11 BRIGHTON LA	address) 1D, FISHERS, IN. 460 address)	1 SPRINGE, F
	(Principal office	address)	
1413	52 WATERWAY BLU	ID, FISHERS, IN. 46	040
	(Current mailing	address)	
B. APPK	RAISAL BUSINES	5	
(Purpose(s)) of corporation authorized in home state o	or country to be carried out in state of Florida)	:
9. Name and stree	t address of Florida registered agent: ((P.O. Box NOT acceptable)	SE VISS
	REGISTERED AGENTS	·	7 8 8 8 8 8 8 8 8 8 8
Name:	3030 N. Rocky Point Dr, STE	 E 150A	-
Office Address:	Tampa	, Florida 33607	1 1 1 1 1 1 1 1 1 1
	(City)	(Zip code)	TATE
Having been nam designated in this further agree to co	application, I hereby accept the appo-	ervice of process for the above stated corpo intment as registered agent and agree to a tes relative to the proper and complete perf ns of my position as registered agent.	oration at the place ct in this capacity. I
	frh-	Dan Keen - President	
	(Registered agent	t's signature)	

11. 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 under the law of which it is incorporated.

12. Names and business addresses of officers and/or direct	tors:
A. DIRECTORS	SECRETARY OF STATE HVISION OF CORPORATIONS
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: LOSER WILLER	
Address: 14152 WATERWAY	BLUD
FISHERS, IN.	160/0
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the	application listing additional officers and/or directors.
NOTE: If necessary, you may attach an addendum to the	
The officer or director signing this document (and who is	irector or Officer isted in number 12 above) affirms that the facts stated herein submitted in a document to the Department of State constitutes
14. LOGER	WILLER
	city of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greetings:

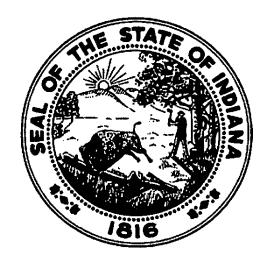
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

RPM ASSET VALUATION SERVICES INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 06, 2005, and was in existence or authorized to transact business in the State of Indiana on February 12, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of February, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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