## F14000001889

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
WH4 -	25182	_		

Office Use Only



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JANESION OF CORPORATION OF NAME OF CORPORATION OF C



## **COVER LETTER**

TO: New Filing Sec Division of Co				
SUBJECT: Rolle	paal Inc.			
		ation -	must include suffix	<del></del>
Dear Sir or Madam:				
"Certificate of Existence	tion by Foreign Corporation ce," or "Certificate of Good on corporation to transact by	Stand	ing" and check are sub	
Please return all corres	pondence concerning this n	natter t	the following:	
Edwin Ekkele	nkamp			
	Nam	e of Pe	rson	
Rollepaal Inc.	)			
	Firm/	Compa	nny	
4520 A West	Village Drive			
	/	\ddres:	3	
Tampa, Florid	la, 33624			
	City/St	atc and	Zip code	
e.ekkelenkamp	@rollepaal.com			
	E-mail address: (to be u	sed for	r future annual report r	notification)
For further information	concerning this matter, ple	ase cal	1:	
Dennis Walle	n81	3	9612211	
Name of Perso			de & Daytime Telepho	one Number
STREET/COUNTY New Filing Secondivision of County Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for	the following amount:			
57 \$70.00 Filing Fee	□ \$78.75 Filing Fec & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



April 21, 2014

EDWIN EKKELENKAMP 4520 A WEST VILLAGE DRIVE TAMPA, FL 33624

SUBJECT: ROLLEPAAL INCORPORATED

Ref. Number: W14000025182

We have received your document for ROLLEPAAL INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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: 714A00008477

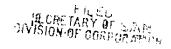
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

·	Incorporated					
(Enter name of cor	poration; must include "INCO; p," "Inc," "Co," or "Corp.")	RPORATED," "CO	MPANY,"	"CORPORATION,"		
,,	F,,,,					
<u></u>						
	le in Florida, enter alternate co	rporate name adopte	ed for the pu	rpose of transacting busine	ess in Florida)	
<sub>2.</sub> Maryland		3				
•	der the law of which it is income	-	•	El number, if applicable)		
<sub>4.</sub> January 1		<sub>5.</sub> pe	rpetual			
	f incorporation)	(Dur	ation: Year	corp. will cease to exist o	r "perpetual")	
6. March 1, 2	2014					
		ted business in Flori				
4520 A Ma	(SEE SECTIONS 607.					٢
7. 4320 A VVE	est Village Drive		+6	33624	- 32 V	اري و مواوير
4520 A Ma	et Villago Drive	pal office address)	T,	02/11	- 75 ₹ 	7.
4520 A VVE	st Village Drive	lampa	; <i>F</i> (	33624	29	۱ ال
	(Curre	it mailing address)			<b>?</b>	) (~
。Sales dep	artement for mac	hines used	in the p	plastic industry		
	of corporation authorized in he				<b>2</b>	
9. Name and street	address of Florida registere	d agent: (P.O. Bo	x NOT acc	eptable)		
	Dennis Wallen					
Name:	4520 A West Vill	ago Drivo				
Office Address:	4020 A VVEST VIII	age Dilve				
	Tampa		, Florida <u>3</u>	3624		
	(City)			(Zip code)		
10. Registered age	nt's accentance:					
Having been name	d as registered agent and to					
	pplication, I hereby accept					
	mply with the provisions of miliar with and accept the c				ormunce of my	
				1		
	h don't A	1, 200	M	dilid		
********	(Regist	cred agent's signatu	re)	- [ ] 1 1 1 1		

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 directors:

DATE ADD OR

A. DIRECTORS	4014 APK 29 PM 4: 29
Robert G Snokrajica	
Address: Rollepaal 13	100000000000000000000000000000000000000
7701 BR Dedemsvaart, the Netherlands	
Vice Chairman:	
Address:	
Director:	
Address:	_
Director	
Director:	
Address:	
B. OFFICERS  Salosofficer: Donnie Wellen	
President: Salesofficer: Dennis Wallen	
Tampa, Florida, 33624	
Vice President:	
Address:	
Secretary: Judie Leff	
Address:	
-	
Address:	
NOTE: If necessary, you may attach an addendum to me application his	ing additional officers and/or directors.
Signature of Director or Office	cer
The officer or director signing this document (and who is listed in number	er 12 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a cather that degree felony as provided for in §.817.155, F.S.	document to the Department of State constitutes
4. ROB STEKREITSE	CEO
(Typed or printed name and capacity of person s	igning application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON 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 THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ROLLEPAAL, INC., INCORPORATED DECEMBER 31, 1996, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

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 APRIL 23, 2014.

Paul B. Anderson Charter Division 211 APR 29 PH 4: 29



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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