

F21000007036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

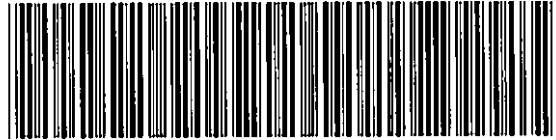
(Business Entity Name)

(Document Number)

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S. ROBERTS
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115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/08/2021

Name: Merritt Walker

Reference #: 1546749

Entity Name: RMF PRINTING TECHNOLOGIES, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$70

Signature: *MW*



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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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.

1. RMF PRINTING TECHNOLOGIES, INC.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 16-1181271
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/14/1982 5. PERPETUAL
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 50 PEARL STREET, LANCASTER, NEW YORK 14086-7500
 (Principal office street address)

50 PEARL STREET, LANCASTER, NEW YORK 14086-7500
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.
 Office Address: 115 N. Calhoun Street, suite 4
Tallahassee, Florida 32301
 (City) (Zip code)

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 SECRETARY OF STATE
 TALLAHASSEE, FL

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Merrett Walker, Asst. Secretary
 (Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: FELIPE BAUTISTA
 Vice Chairman Address: 50 PEARL ST, LANCASTER
 Director NEW YORK 14086-7500
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: CAMILO BAUTISTA
 Vice Chairman Address: 50 PEARL ST, LANCASTER
 Director NEW YORK 14086-7500
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: FERNANDO BAUTISTA
 Vice Chairman Address: 50 PEARL ST, LANCASTER
 Director NEW YORK 14086-7500
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: MONICA CASTANO
 Vice Chairman Address: 50 PEARL ST, LANCASTER
 Director NEW YORK 14086-7500
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: TATIANA BAUTISTA
 Vice Chairman Address: 50 PEARL ST, LANCASTER,
 Director NEW YORK 14086-7500
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. /s/ MONICA CASTANO

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. MONICA CASTANO, CHIEF EXECUTIVE OFFICER

 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: RMF PRINTING TECHNOLOGIES, INC.
DOS ID Number: 776035
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/14/1982
Statement Status: CURRENT
Statement Due Date: 06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 08, 2021 at 10:58 A.M.

BRENDAN C. HUGHES, Acting Secretary of State

Brendan C. Hughes