

F02000005107

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUBICON MANAGEMENT SERVICES
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W. JOHN SLOWINSKI

(Name of Person)

RUBICON MANAGEMENT SERVICES

(Firm/Company)

8440 EAGLE PRESERVE WAY

(Address)

SARASOTA, FL 34241

(City/State and Zip code)

For further information concerning this matter, please call:

JOHN SLOWINSKI

(Name of Person)

at (941) 926-1932

(Area Code & Daytime Telephone Number)

700007474547--5

-09/03/02--01055--005

*****78.75 *****78.75

FILED
02 OCT -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|-------------------|--|
| Name | STREET ADDRESS: |
| Availability | Registration Section |
| | Division of Corporations |
| Document Examiner | 409 E. Gaines St. Tallahassee, FL 32399 |
| Encoder | DCC |
| Printer | DCC |
| Verifier | DCC |
| Knowledge | DCC |
| P. Verifier | DCC |

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

① Suffix
② cert.

F02000005107

6 pages

W020000025686

Rubicon Management Services, Inc.

8440 Eagle Preserve Way

Sarasota, FL 34241

October 1, 2002

Division of Corporations
Attn: Diane Cushing, Corporate Specialists
P.O. Box 6327
Tallahassee, FL 32314

CERTIFIED MAIL # 7160 3901 9844 0371 9817

Re: Rubicon Management Services, Inc.
FEI #: 88-0365260
Your Ref. #: W02000025686
Letter #: 102A00051134

Enclosed please find a copy of our Certificate of Good Standing with the State of Nevada.

We have also enclosed a copy of your letter dated September 5, 2002, and the Application by Foreign Corporation with our correction as you requested.

Sincerely,



Sindy K. Slowinski
Secretary
Rubicon Management Services, Inc.

Enclosures



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 5, 2002

W. JOHN SLOWINSKI
RUBICON MANAGEMENT SERVICES
8440 EAGLE PRESERVE WAY
SARASOTA, FL 34241

SUBJECT: RUBICON MANAGEMENT SERVICES
Ref. Number: W02000025686

We have received your document for RUBICON MANAGEMENT SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Please return 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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 102A00051134

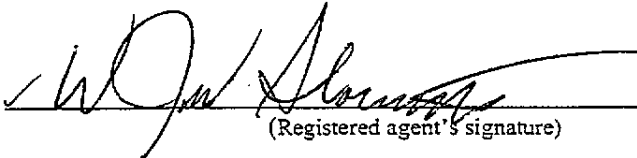
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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. RUBICON MANAGEMENT SERVICES Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA 3. 88-0365260
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/16/1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2/10/2002
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8440 EAGLE PRESERVE WAY, SARASOTA, FL 34241
(Principal office address)
SAME
(Current mailing address)
8. MANAGEMENT SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: W. JOHN SLOWINSKI
Office Address: 8440 EAGLE PRESERVE WAY
SARASOTA, Florida 34241
(City) (Zip code)

10. 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.


(Registered agent'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.

FILED
02 OCT -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: W. JOHN SLOWINSKI

Address: 8440 EAGLE PRESERVE WAY

SARASOTA, FL 34241

Vice Chairman: SINDY K. SLOWINSKI

Address: 8440 EAGLE PRESERVE WAY

SARASOTA, FL 34241

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: W. JOHN SLOWINSKI

Address: 8440 EAGLE PRESERVE WAY

SARASOTA, FL 34241

Vice President: _____

Address: _____

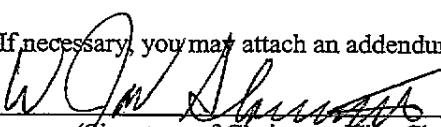
Secretary: SINDY K. SLOWINSKI

Address: 8440 EAGLE PRESERVE WAY, SARASOTA, FL 34241

Treasurer: W. JOHN SLOWINSKI

Address: SAME

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ✓ 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. W. JOHN SLOWINSKI
(Typed or printed name and capacity of person signing application)

FILED
02 OCT -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

