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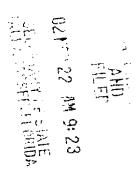


Office Use Only



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12.03 DZ.**

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: RSM Contral luc. |
| (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: |
| KRISTIAN E IRR |
| (Name of Person) |
| Preventine Maintenance (Firm/Company) |
| 160 vu z + th st # 16 |
| (Address) |
| Boca Raton Fr. 33431 |
| (City/State and Zip code) |
| ASSET |
| For further information concerning this matter, please call: |
| KRUSTIAN E TRR at (574) 3948017 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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.

| 7 | (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. | (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| | (Date of incorporation) 5. Derpetual. (Duration: Year corp. will cease to exist or "perpetual") | |
| | (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. | C/o Zariva Fitzgerald Shirlaw House Shirley St Po Boxss 19 (Principal office address) Nassau Bahanas | 7084 |
| - | (Current mailing address) | |
| 8. | (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | 02 NOV 22 |
| 9. | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | 2 2 2 |
| | Name: KRISTIAN E TICK | :- |
| Of | ffice Address: 160 w 24 57 #16 | ò E |
| | Bocs Ratow , Florida 33431 (City) (Zip code) | <u>2</u> 3 |
| Ha des fui | Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the possible signated in this application, I hereby accept the appointment as registered agent and agree to act in this capainther agree to comply with the provisions of all statutes relative to the proper and complete performance of multies, and I am familiar with and accept the obligations of my position as registered agent. | city. I |

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: A. DIRECTORS Chairman: FRISTIAN E IRA Boca Raton FI. 33431 Vice Chairman: ___ Address: ____ Director: _ Address: Director: ___ Address: __ **B. OFFICERS** President: KRISTAN F TRN Address: 160 my 2/ts+#16 Boca Pator F1 33/31 Vice President: Sense Secretary: Scale Address: Treasurcr: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. KRUTIAN E IKK 13. __ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. KRISTAN E IRK Pros/COD (Typed or printed name and capacity of person signing application)



(Convention de la Haye du 5 octobre 1961)

| 1. | Country: COMMONWEALTH OF THE BAHAMAS |
|-----------|------------------------------------------------------------------------------|
|). | has been signed by <u>ADRIAN R. WHITE</u> |
| . | acting in the capacity of NOTARY PUBLIC |
| !. | bears the seal of <u>ADRIAN R. WHITE</u> NASSAU, NEW PROVIDENCE, THE BAHAMAS |
| | CERTIFIED AT |
| • | NASSAU 6. 14 TH NOVEMBER, 2002 |
| | CARLTON LEROY WRIGHT, DEPUTY PERMANENT SECRETARY |
| | MINISTRY OF FOREIGN AFFAIRS |

8. No. 4163/2002



10: Signature:

DEPUTY PERMANENT SECRETARY
MINISTRY OF FOREIGN AFFAIRS
COMMONWEALTH OF THE BAHAMAS

