# F-03000000589

| (Re                     | equestor's Name)   |           |   |
|-------------------------|--------------------|-----------|---|
| •                       |                    |           |   |
| . (Ac                   | idress)            |           |   |
|                         | <u></u>            |           | _ |
| (Ac                     | idress)            |           |   |
|                         |                    |           | _ |
| (Ci                     | ty/State/Zip/Phone | o#)       |   |
| PICK-UP                 | ☐ WAIT             | MAIL      |   |
|                         |                    |           |   |
| (Bu                     | siness Entity Nam  | ne)       | _ |
|                         |                    |           |   |
| (Do                     | ocument Number)    |           | _ |
|                         |                    |           |   |
| Certified Copies        | _ Certificates     | of Status | - |
|                         |                    |           |   |
| Special Instructions to | Filing Officer:    |           | 7 |
|                         |                    |           |   |
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Office Use Only



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DIVISION OF CURPORATIONS

#### TRANSMITTAL LETTER

| TO:                          | Registration Se<br>Division of Cor                               |  | -   |  |
|------------------------------|--|--|---|--|
| SUBJ                         | ECT:   | RBS SPECIALTIES, IN                        | c. <sup>-</sup>   |  |
| 5020                         |  |  | ration - must include suffix)   |  |
| Dear S                       | ir or Madam:   |  | <del>7-</del>   |  |
| "Certif                      |  | e", and check are submitted                | for Authorization to Transact<br>to register the above reference            |  |
| Please                       | return all corresp   | oondence concerning this m                 | atter to the following:   |  |
|                              | JAMES ST   |  |   |  |
|                              |  | (Nam                                       | ne of Person)   |  |
|                              | _ RBS SPEC   | TALTIES, INC                               |   |  |
|                              |  |  | /Company)   |  |
|                              | COO 4 1 DIT  | TOO 1337                                   |   | W03-2,28   |
|                              | 6004 ARN   |  | Address)  |  |
|                              |  | (*   | _   | 03 186   |
|                              | MILTON,  |  |   | 7 22   |
|                              | •  | (City/St                                   | ate and Zip code)   | 9 95   |
|                              |  |  |   | C. C.  |
| For fur                      | ther information   | concerning this matter, plea               | ase call:   | 7  |
|                              |  |  |   | <i>i</i> 5   |
|                              | JAMES ST   | EPHENS at ( 850                            | o ∑ 626 <b>–</b> 7570   | 03 FEB -5 , PM 2: 33   |
|                              | (Name of Perso   |  | rea Code & Daytime Telephon   | ne Number)   |
|                              |  | •  |   |  |
|                              |  |  |   |  |
| Registr<br>Divisio<br>409 E. | ET ADDRESS:<br>ration Section<br>on of Corporation<br>Gaines St. | S  | MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 | 15   |
| Tallaha                      | assee, FL 32399  | •  | Tallahassee, FL 32314   |  |
| Enclos                       | ed is a check for  | the following amount:                      | _   |  |
| <b>5</b> \$70                | .00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy                                       | ☐ \$87_50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |



## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 28, 2003

JAMES STEPHENS RBS SPECIALTIES, INC. 6004 ARNIES WAY MILTON, FL 32570

SUBJECT: RBS SPECIALTIES, INC.

Ref. Number: W03000002528

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

Please provide the corporation's original date of incorporation, purpose of corporation, and the signature on line 13. These places have been highlighted on your application.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 503A00005260

copy of Michigan Incorporation Filing
sent with the Required Dotes of Signatures
sent with the Required Dotes of Signatures
lead to Complete Ft. Licensed.

Thank you

Japan

Jap

#### 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.

| 2. <u>MTCHTGA</u><br>(State or country | N under the law of which it is incorporat                                  | 3.        | (FEI number, if applicable)  |          |
|--|--|-----------|--|----------|
| 4. JON                                 | 7th 2003   | _ 5.      | PERPETUAL  | , .      |
| (Date                                  | e of incorporation)  |           | (Duration: Year corp. will cease to exist or "perpetual")  |          |
|  | ALIFTCATION  |           |  |          |
|  |  | 07.1501,  | ot transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)                |          |
| · OCOH AR                              | (Principal of  |           | dress)   | •        |
| 6004 NP                                | NIES WAY, MILTON, FL 325   | :70       | · · · · · · · · · · · · · · · · · · ·  | P. S.    |
| 0004 AR                                | (Current mai   |           | dress)   | SEC      |
|  |  |           |  | 7-       |
| ). Name and <u>str</u>                 | eet address of Florida registered  | ate or co | SEPHINT OF SER HOMES ountry to be carried out in state of Florida)  (P.O. Box or Mail Drop Box NOT acceptable) | PH 2: 33 |
| • •                                    | •  | ate or co | ountry to be carried out in state of Florida)  | PM 2:33  |
| Name and str                           | eet address of Florida registered  | ate or co | ountry to be carried out in state of Florida)  (P.O. Box or Mail Drop Box NOT acceptable)                      | PM 2: 33 |
| ). Name and <u>str</u>                 | eet address of Florida registered  JAMES STEPHENS  6004 ARNIES WAY  MILTON | ate or co | Florida32570   | PM 2: 33 |
| Name and str                           | eet address of Florida registered  JAMES STEPHENS  6004 ARNIES WAY         | ate or co |  | PM 2: 33 |

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. DIRECTOR       | 70                          |                  |               |                  |                                       |                                       |
|-------------------|-----------------------------|------------------|---------------|------------------|---------------------------------------|---------------------------------------|
| Chairman:         | JAMES STEPHENS              |                  |               |                  | **                                    |                                       |
| Address:          | 6004 ARNIES WAY,            | MILTON, FL       | 32570         |                  | <u> </u>                              |                                       |
|                   |                             |                  |               | <u> </u>         | <u>- 但</u>                            |                                       |
| Vice Chaimnan: _  |                             | <u></u>          |               |                  | <u></u>                               | <u></u>                               |
| Address:          |                             | <br>             |               |                  |                                       | <u> </u>                              |
|                   |                             |                  |               | <u> </u>         |                                       |                                       |
| Director:         |                             |                  | _             | ±21 °            | utipu<br>                             | <u></u>                               |
|                   |                             |                  |               |                  |                                       |                                       |
|                   |                             |                  |               |                  |                                       |                                       |
|                   |                             |                  | <del></del> · |                  |                                       |                                       |
|                   | 1 800 No. 1                 |                  |               |                  |                                       | É                                     |
|                   | -                           |                  |               |                  |                                       | .•                                    |
| B. OFFICERS       |                             |                  |               |                  |                                       | DIVIS                                 |
| President:        | JAMES STEPHENS              |                  |               | <del></del>      | <u> </u>                              | FEB                                   |
| Address:          | 6004 ARNIES WAY, N          | IILTON, FL       | 32570         |                  | <u> </u>                              |                                       |
|                   |                             | <u></u>          |               |                  | <u> </u>                              | P (85)                                |
| Vice President: _ | SAME                        |                  |               |                  | <u> </u>                              | 7: 33<br>7: 33                        |
| Address:          |                             | <u>=</u>         | _             | <u> </u>         | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
|                   |                             |                  |               |                  |                                       |                                       |
|                   | SAME                        |                  |               |                  |                                       | <u> </u>                              |
| Address:          |                             |                  |               |                  |                                       | remonities.                           |
|                   | SAME                        |                  | -             |                  | · · · · · · · · · · · · · · · · · · · |                                       |
| Address:          |                             |                  | -             |                  |                                       |                                       |
|                   |                             |                  | -             |                  |                                       |                                       |
|                   | sary, you may attach an add | endunn to the ap | plication lis | sting additional | officers and/o                        | or directors.                         |
|                   | Signature of Chairman, Vice | Chairman, or     | any officer l | listed in numbe  | er 12 of the app                      | olication)                            |
| 14.               |                             | STeph            | ems           |                  | <u>.</u>                              |                                       |

### Michigan Department of Consumer and Industry Services

### Filing Endorsement

This is to Certify that the ARTICLES OF INCORPORATION - PROFIT

for

RBS SPECIALTIES, INC.

ID NUMBER: 48952C

received by facsimile transmission on December 30, 2002 is hereby endorsed Filed on January 7, 2003 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Of CONSUMER MANAGEMENT OF SERVICES CONTROL OF

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 7th day of January, 2003.

, Director

**Bureau of Commercial Services**