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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 NOV 18 AM 11:09

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Oct 20, 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMQ & Sons Co.
(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:

Gordon W. Smith
(Name of Person)
Security Bank N.A.
(Firm/Company)
6497 Stirling Road
(Address)
Davie, FL 33314
(City/State and Zip code)

For further information concerning this matter, please call:

Gordon Smith at (954) 791-4462
(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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

03 NOV 12 AM 11:09

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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. RMQ & Sons Co.

(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. Guadeloupe, F.W.I. (France)

(State or country under the law of which it is incorporated)

3. To be applied for

(FEI number, if applicable)

4. September 12, 2003

(Date of incorporation)

5. September 10, 2102

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(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. Bellevue, 97115 Sainte-Rose, Guadeloupe F.W.I.

(Principal office address)

c/o Delta Industrial Systems, 1275 Sawgrass Corporate Pkwy, Sunrise FL 33323

(Current mailing address)

Buying, importation, sales and distribution of cars, parts and after sales
service.

8. (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: Lloyd R. Hepburn

Office Address: Delta Industrial Systems
1275 Sawgrass Corporate Pkwy

Sunrise

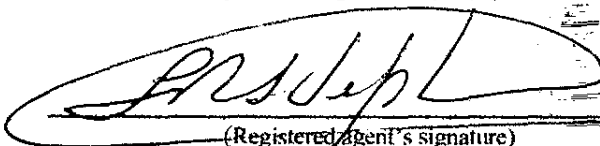
(City)

Florida 33323

(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)

10-20-03

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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Hugo Simon Adrien Reimonenq

Address: Bellevue, 97115 Sainte-Rose

Guadeloupe F.W.I.

Director: _____

Address: _____

B. OFFICERS

President: Hugo Simon Adrien Reimonenq

Address: Bellevue, 97115 Sainte-Rose

Guadeloupe F.W.I.

Vice President: _____

Address: _____

Secretary: _____

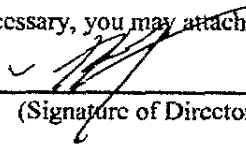
Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Hugo Simon Adrien Reimonenq, Director
(Typed or printed name and capacity of person signing application)

STATE OF FLORIDA
COUNTY OF BROWARD

Before me this day personally appeared HUGO SIMON ADRIEN REIMONENQ who, being
duly sworn, depose and says:

I am fluent in both French and English .

I certify that I have accurately translated the attached document, Certification of Business
Registration of Corporation for RMQ & Sons, from French into English by writing the English
translation / equivalent above and or beside the French writing / printing.



Hugo Simon Adrien Reimonenq
Bellevue 97115 Sainte Rose
Bellevue
Guadeloupe, FWI

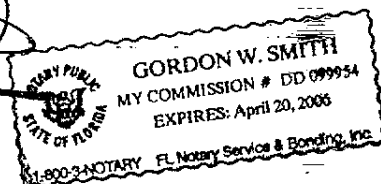
USA mailing address:
c/o Delta Industrial Systems Corp
1275 Sawgrass Corporate Pkwy
Sunrise, FL

Sworn to and subscribed before me this 17th day of October 2003, by
Hugo Simon Adrien Reimonenq.

Produced Identification

Type of Identification: Republic of France Passport No. 02VF61699


Notary Public



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TALLAHASSEE, FLORIDA

**CERTIFICATE OF REGISTRATION OF CORPORATION -
EXTRAIT DU REGISTRE
DU COMMERCE ET DES SOCIETES**

REGISTERED AT THE REGISTRAR OF BUSINESS CORPORATION ON **Sept. 12, 2003**
IMMATRICULATION PRINCIPALE AU R.C.S. EN DATE DU 12/09/2003

Number of Registration of Business
No DE REGISTRE DU COMMERCE

R.C.S. POINTE A PITRE 449 921 113 No de GESTION 2003 B 663

R.C.S. POINTE - A - PITRE 449 921 113 Account
2003 B 663

NAME OF CORPORATION
RAISON SOCIALE OU DENOMINATION

RMQ & SONS

SIGLE

LOGO

NEANT

NONE

NOM COMMERCIAL

COMMERCIAL NAME

NEANT

NONE

FORME ET CAPITAL

FORM OF CAPITAL

Société à responsabilité limitée

LIMITED LIABILITY CORP

AU CAPITAL DE 8 000.00 EUR (FIXE)

AMOUNT OF CAPITAL EU 8000

ADRESSE DU SIEGE SOCIAL

ADDRESS OF CORPORATION

BELLEVUE - 97115 SAINTE-ROSE

BELLEVUE - 97115 SAINTE-ROSE, GUADELOUPE FWI.

DIRECTORS OF CORPORATION

ADMINISTRATION DE LA SOCIETE

—Gérant(e)

NOM PATRONYMIQUE : REIMONENO

PRENOM(S) : HUGO SIMON ADRIEN

BELLEVUE - 97115 SAINTE-ROSE

NATIONALITE FRANCAISE

NE(E) LE 06/06/1980 A POINTE A PITRE (971)

SURNAME : REIMONENO

FIRST NAME(S) : HUGO SIMON ADRIEN

ADDRESS : BELLEVUE - 97115 SAINTE-ROSE, GUADELOUPE

NATIONALITY / FRANCE

DATE OF BIRTH JUNE 6, 1980

ORIGIN OF FUNDS

ORIGINE DU FONDS

CREATION

NEW FUNDS

ACTIVITE EXERCEE

BUSINESS ACTIVITY

ACHAT IMPORTATION VENTE DE VEHICULES AUTOMOBILES ET DE PIECES DETACHEES SERVICE APRES VENTE

Buying, Importation, Sales & Distribution of Cars, Parts and
After Sales Service.

ENSEIGNE SIGNS

NEANT

NONE

REGISTERED OFFICE OF CORPORATION
ADRESSE DU PRINCIPAL ETABLISSEMENT

BELLEVUE - 97115 SAINTE-ROSE

BELLEVUE - 97115 SAINTE-ROSE, GUADELOUPE FWI

DATE OF COMMENCEMENT OF BUSINESS

DATE DE COMMENCEMENT DE L'EXPLOITATION

01/10/2003

Oct. 1, 2003

FIRST PUBLIC NEWSPAPER ADVT.
PREMIER AVIS PUBLIE AU B.O.D.A.C.C.

NEANT

NONE

PREVIOUS OWNERS
PROPRIETAIRE - EXPLOITANT PRECEDENT

NEANT

NONE

NAME AND DATE OF NEWSPAPER LEGAL ADVT.
TITRE ET DATE DU JOURNAL D'ANNONCES LEGALES

NEANT

NONE

ELECTION OF ADMINISTRATION TO CLOSE DOWN CORPORATION

ELECTION DE DOMICILE POUR LES OPPOSITIONS

NEANT NONE

SOCIAL OBJECT

OBJET SOCIAL

OBJECT / BUSINESS ACTIVITY AND DIRECTORS HAVE NOT CHANGED AS NEW
L'OBJET SOCIAL N'A PLUS A ETRE DECLARE DANS LA DEMANDE D'IMMATRICULATION ET EST REMPLACE PAR LES ACTIVITES
PRINCIPALES DE L'ENTREPRISE. DECRET NO 87-970 DU 03/12/87 CORPORATION.

DURATION OF CORPORATION

DUREE DE LA SOCIETE

99 ANS DU 12/09/2003 AU 10/09/2102

99 YEARS : 9/12/03 to 9/10/2102

DATE DE CLOTURE DE L'EXERCICE SOCIAL

31/12

Accounting/Tax Period Dec, 31

DATE OF COMMENCEMENT OF CORPORATION

DATE ET NO DE DEPOT DE L'ACTE AU GREFFE

LE 12/09/2003. NO A2227

SEPT. 12, 2003

TITRE ET DATE DU JOURNAL D'ANNONCES LEGALES

FRANCE-ANTILLES, LE 26/08/2003

DATE & NAME OF NEWSPAPER ANNOUNCEMENT

THE FRENCH ANTILLES / AUG 26, 2003

SOURCE OF FUNDS

MODE D'EXPLOITATION DU FONDS

EXPLOITATION DIRECTE

PERSONAL FUNDS OF DIRECTOR

ANNEXED DOCUMENTS

ANNEXES

NEANT NONE

OBSERVATIONS

OBSERVATIONS

NEANT NONE

AUTRES ETABLISSEMENTS DANS LE RESSORT

OTHER BUSINESS

NEANT

NONE

IMMATRICULATIONS SECONDAIRES

OTHER REGISTRATION NUMBERS

NEANT

NONE

FIN DE L'EXTRAIT COMPRENANT

2 PAGES

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DROIT DE GREFFE (DECRET 86.1098 DU 10 OCTOBRE 1986)

H.T.: 2.01 Eur

T.V.A.:

0.17 Eur

T.T.C.:

2.18 Eur

THIS DOCUMENT IS CERTIFIED AND CONFORMS

POUR EXTRAIT CERTIFIE CONFORME ET DELIVRE LE

01/10/2003

Oct. 1, 2003

LE GREFFIER:

