F04000004629

| (Re | equestor's Name) | <u> </u> |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| Division of Corporations | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: RyCo Consulting Inc. (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: | | | |
| Name of Person) | | | |
| | | | |
| Stor TANAGENGROVE WAY RYCE CONSULTING, INC. (Firm/Company) | | | |
| | | | |
| SECT TANAGERGROUSE Way (Address) | | | |
| S601 TANAGERGROUS LA PLANAGERGROUS LITTLE (Address) LITTLE BL 33547 (City/State and Zip code) | | | |
| (City/State and Zip code) | | | |
| | | | |
| SGOI TANAGERGROWS Way (Address) LIHAY FL 33547 (City/State and Zip code) For further information concerning this matter, please call: | | | |
| Residence of the second | | | |
| Ryal CHARLES at (813) 382-2842 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| (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 \$\Bigcup \$78.75 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigcup \$Certified Copy \$\Bigcup \$Certified | | | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2004

RYAN CHARLES 5601 TANAGER GROVE WAY LITHIA, FL 33547

SUBJECT: RYCO CONSULTING, INC

Ref. Number: W04000029752

OL AUS 11 MM 10: 36

We have received your document for RYCO CONSULTING, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name 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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 304A00048573

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. RyCo (ONSULTING THE (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | |
| TECHNOLOGY PARTNERS, INC. RICO FIGURE (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | |
| 2. NEW Yeak (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| 4. II/4/2003 5. PERPETULE (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") | |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| 6. [1] / 2004 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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.) | t) († |
| 7. 16765 FISHHAWK BIND #316 Lith FL 33540 5 | |
| (Principal office address) | 170 |
| 11065 FISHHAWK BIVD #316 LIANO FL 33547 = | : 1 |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 16765 F. SHHAWK BIND #316 LIHA, FI 33540 (Principal office address) (Current mailing address) 8. CONSULTING - Seftware (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | |
| 8. CONSULTING - SOFTURE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | |
| (Purpose(s) of corporation authorized in nome state of country to be carried out in state of Fiorida) | |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: Ryad CHARLES Office Address: 5601 TANAGENGROVE Way Lithia , Florida 33547 (City) (Zip code) | |
| Office Address: 5601 TANGGARGROVE Way | |
| /h Florida 33 540 | |
| (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 plant is a service of process. | ace |
| designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit further agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent. | y. I |
| with I am Junialian with and accept the confactions of my position as registered agent. | |
| AL MI | |
| (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.
- 12. Names and business addresses of officers and/or directors:

ARECTORS Ryan CHARLES Address: 5601 TAYACELERON Way Lykia FC 33547 Vice Chairman: Address: _____ Director: ______ Address: Director: __ Address: ___ **B. OFFICERS** President: ____ Vice President: Address: __ Secretary: _____ Address: ___

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

13. Pasy. 3 - - (Signature of Director or Officer listed in number 12 of the application)

14. Ryan Charles PRES. pag

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

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of RYCO CONSULTING, INC. was filed on 11/04/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of July two thousand and four.

Secretary of State

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