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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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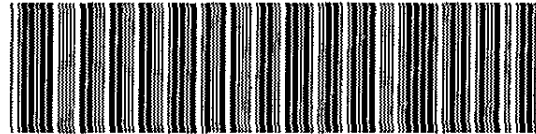
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

T. Hampton SEP 19 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RIMA RIGGS, 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:

RIMA RIGGS

(Name of Person)

RIMA RIGGS, INC.

(Firm/Company)

337 LAMBERT STREET

(Address)

PORT CHARLOTTE, FL 33948

(City/State and Zip code)

For further information concerning this matter, please call:

JOANNE SADAR

(Name of Person)

at ( 440 ) 255-0707

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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. **RIMA RIGGS, INC.**

(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. **OHIO**

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

3. **01-0783052**

(FEI number, if applicable)

4. **MARCH 31, 2003**

(Date of incorporation)

5. **PERPETUAL**

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

6. **JANUARY, 2006**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **337 LAMBERT STREET, PORT CHARLOTTE, FL 33948**

(Principal office address)

**337 LAMBERT STREET, PORT CHARLOTTE, FL 33948**

(Current mailing address)

8. **ANY LEGAL PURPOSE(OPERATING FOR REAL ESTATE SALES)**

(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 NOT acceptable)

Name: **RIMA RIGGS**

Office Address: **337 LAMBERT STREET**

**PORT CHARLOTTE**

(City)

, Florida **33948**

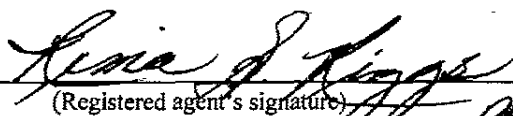
(Zip code)

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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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: RIMA RIGGS

Address: 337 LAMBERT STREET

PORT CHARLOTTE, FL 33948

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

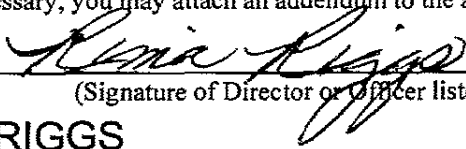
Secretary: RIMA RIGGS

Address: 337 LAMBERT ST., PORT CHARLOTTE, FL 33948

Treasurer: RIMA RIGGS

Address: 337 LAMBERT ST., PORT CHARLOTTE, FL 33948

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

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

14. RIMA RIGGS  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show RIMA RIGGS, INC., an Ohio corporation, Charter No. 1378795, having its principal location in Concord, County of Lake, was incorporated on March 31, 2003 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 8th day of August, A.D. 2006*

*J. Kenneth Blackwell*

Ohio Secretary of State

Validation Number: V2006220AEEB2F