## F08000001172

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
SECRETARY OF STATE

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## **COVER LETTER**

,	TO: New Filing Section Division of Corporations						
SUBJECT: R&B GROVE CASEWORK, INC.							
(Name of corporation - must include suffix)							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florid "Certificate of Existence," and check are submitted to register the above referenced foreign corporate transact business in Florida.							
	Please return all correspondence concerning this matter to the following:						
	WILLIAM FEEHLEY						
	(Name of Person)						
	ACCURATE BUSINESS SERVICES						
	(Firm/Company)						
	1614 E. CHURCHVILLE ROAD, SUITE 201						
	(Address)						
	BEL AIR, MD 21015						
(City/State and Zip code)							
For further information concerning this matter, please call:							
WILLIAM FEEHLEY at ( 410 ) 515-5800							
(Name of Person) (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:						
Ŀ	\$70.00 Filing Fee \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ Certificate of Status \$78.75 Filing Fee \$ Certified Copy \$87.50 Filing Fee, 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.

	Corp," "Inc," "Co," or "Corp.")	ORFORATED	" "COMPANY," "CORPORATION,"	
	·	corporate name	adopted for the purpose of transacting business in	Florida)
MARYLA		3.	20-0955009	<del></del>
•	under the law of which it is inc	orporated)	(FEI number, if applicable)	
MARCH		5.	PERPETUAL	<u> </u>
	e of incorporation)	¥.	(Duration: Year corp. will cease to exist or "per	
JANUAR		:		
			r Florida, if prior to registration) 502, F.S., to determine penalty liability)	7 SEI
1702 MCF	HENRY STREET, B	:		
		ipal office add		AM II: 44 OF STATE F HORID
1614 E. C	.,	•	01, BEL AIR, MD 21015	AIE ORIO
		nt mailing add		<u> </u>
	L CONSTRUCTION			·
(Purpose	s) of corporation authorized in h	ome state or co	untry to be carried out in state of Florida)	. —
Name and stre	et address of Florida registere	d agent: (P.C	. Box NOT acceptable)	
Name:	MARIA DEL PILA	R JIMENI	EZ	
ffice Address:	3309 ASHMONT	DRIVE		•
•	ORLANDO		Florida 32828	
	(City)		(Zip code)	

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:	FII m
A. DIRECTORS	FILED
Chairman:	US MAR 17 AV
Address:	SECRETARY OF CO.
Addition.	SECRETARY OF STATE LLAHASSEE, FLORIDA
Vice Chairman:	
Address:	,
Director:	
Address:	
Discourie	
Director:	
Address:	
<del></del>	
B. OFFICERS	
President: RALPH B. GROVE, JR	
Address: 3439 ORLANDO AVENUE, BALTIMORE, MD 2123	34
Vice President:	
Address:	
Secretary:	· · · · · · · · · · · · · · · · · · ·
Address:	
Treasurer:	
Address:	
NOTE: If pecessary, you may attach an addendum to the application listing addition	al officers and/or directors.
Ull III	
(Signature of Director or Officer listed in number 12 of the app	lication)
14. Ralph B. Grove, Tr	
(Typed or printed name and capacity of person signing applied	eation)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT R & B GROVE CASEWORK, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 04, 2008.

Paul B. Anderson Charter Division OB MAR 17 AM 11: 44
SECRETARY OF STATE
SECRETARY OF STATE



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097