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Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**The Rural Institute for Micro Enterprise Development Corporation (RIME)**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1/14

850-617-6361

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February 1, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CSH SERVICES, LLC

SUBJECT: THE RURAL INSTITUTE FOR MICRO ENTERPRISE DEVELOPMENT  
CORPORATION(RIME)  
REF: W11000006053

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please delete the resolution from the filing as the name per the application and certificate is available in Florida.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000026059  
Letter Number: 011A00002634

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The Rural Institute for Micro Enterprise Development Corporation (RIME)  
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. LOUISIANA 3. 27-1678653  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 02/17/2010 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 301 N TRENTON STREET, STE 3, RUSTON, LOUISIANA 71270  
(Principal office address)  
301 N TRENTON STREET, STE 3, RUSTON, LOUISIANA 71270  
(Current mailing address)
8. We are a community based economic development organization that helps families increase self sufficiency.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: TREVIS GLASCO  
Office Address: 2308 W MISSION ROAD  
TALLAHASSEE, Florida 34304  
(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 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.*
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.



(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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

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

Director: FAYE E WILLIAMS

Address: 115 HANNA ROAD, RUSTON, LOUISIANA 71270

Director: TRICIA GLASCO

Address: 27 KILBORN STREET, WEST HAVEN, CONNECTICUT 06516

Director: TREVIS GLASCO, JR

Address: 115 HANNA ROAD, RUSTON, LOUISIANA 71270

B. OFFICERS

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

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

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

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

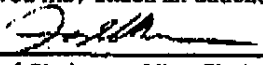
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Faye E Williams, Director  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Tom Schedler**  
SECRETARY OF STATE

*The Secretary of State of the State of Louisiana I do hereby Certify that*

**THE RURAL INSTITUTE FOR MICRO ENTERPRISE DEVELOPMENT CORPORATION (RIME)**

A corporation domiciled in RUSTON, LOUISIANA,

Filed charter and qualified to do business in this State on February 17, 2010,

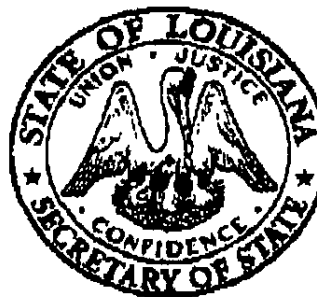
I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State as a Non-Profit Corporation.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 25, 2011

*Secretary of State*

Web Q30



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To validate this certificate, visit the following web site,  
go to Commercial Division, Certificate Validation,  
then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)