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Fax Number : (850) 617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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**FOREIGN NAME REGISTRATION
RCB CORP**

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THE LAW OFFICES OF NICK SPRADLIN, PLLC
COUNSELOR & ATTORNEY AT LAW



Nick J. Spradlin Esq. Senior Attorney
BAR CERTIFIED IN FLORIDA AND TEXAS

The Law Offices of Nick Spradlin, PLLC
12000 N. DALE MABRY HWY STE 110
TAMPA, FL 33618

04/13/2011

Due to the unavailability of the company name "RCB CORP." in the state of FL I, Rodney C. Bohn, desire to
conduct business under the foreign registered business name BOHN CO.

RODNEY C. BOHN

DATE

Thank you.

Best Regards,

Nickolas Spradlin
813 435 3176

**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. RCB, CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

BOHN CO.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING

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

3. _____

(FEI number, if applicable)

4. 02/18/2011

(Date of incorporation)

5. PERPETUAL

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12000 N. DALE MABRY HIGHWAY, STE 110, TAMPA, FLORIDA 33618

(Principal office address)

P.O. BOX 2240 LAND O' LAKES, FLORIDA 34639

(Current mailing address)

8. ANY AND ALL LEGAL ACTIVITIES

(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: The Law Offices Of Nick Spradlin, PLLC

Office Address: 12000 N. DALE MABRY HWY STE 110

TAMPA

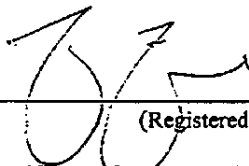
(City)

, Florida 33618

(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)

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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: RODNEY C. BOHN

Address: P.O. BOX 2240 LAND O' LAKES, FLORIDA 34639

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RODNEY C. BOHN

Address: P.O. BOX 2240 LAND O' LAKES, FLORIDA 34639

Vice President: _____

Address: _____

Secretary: RODNEY C. BOHN

Address: P.O. BOX 2240 LAND O' LAKES, FLORIDA 34639

Treasurer: RODNEY C. BOHN

Address: P.O. BOX 2240 LAND O' LAKES, FLORIDA 34639

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. RODNEY C. BOHN

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

STATE OF WYOMING
Office of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

RCB, CORP.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **February 18, 2011**, comply with all
applicable requirements of this office. Its period of duration is Perpetual. This entity has been
assigned entity identification number **2011-000597403**.

This entity is in existence and in good standing in this office and has filed all annual reports
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming
on this 14th day of April, 2011 at 3:03 PM. This certificate is assigned 009762832.



Max Maxfield
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and
effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the
Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.