F12000052709

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Red	questor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	dress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(6)	(0. 1. (7) (0)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City	//State/Zip/Phone	· #)
(Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Bus	siness Entity Nam	ne)
Certified Copies Certificates of Status	(24)	2000 Zilin, 1121,	,-,
Certified Copies Certificates of Status			
	(Doc	ument Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.	Consist toutour times to 5		
	Special instructions to F	-iling Officer:	
	•		

Office Use Only



700236920347

06/28/12--01024--005 **78.75



100 6 8 MIN SERVER

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Resilience Management, 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," or "Certificate of Good Standing" 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:
George Ammar
Name of Person
Kesilience management, Inc.
Firm/Company 0
Address Address
Cleipland OH WELLES
City/State and Zip code
gammar @ resilience capital.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Ammay at # 214 155 1253 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Clifton 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 \$\frac{1}{2}\$\$78.75 Filing Fee \$\frac{1}{2}\$\$Certificate of Status \$\frac{1}{2}\$\$Certified Copy \$\frac{1}{2}\$\$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. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Purpose(s) of corporation authorized in home state or county to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. JUE CINO, AUP

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.

Chairman:	·	
Chairman:		
Address:		
		
Vice Chairman:		
Address:		
Director: Steve Kosen		
Address: 35101 Chagrin) Blych suite 350	
Cleveland 10H	1 44199.	
Director: BOSSEM Man	Sour	•
Address: 25101 Chagri	in Blyd, Suite 350	\supset
Cleveland at	44192	
B. OFFICERS		
CO President: Steve Rosen		
Address: 25101 Chagrin	1 Blvd Suite 350	·
Address: Clerk Cool Ob	1 11112	
Co Possess man	T 49102	
Vice President: Description Of The Control of the C	150G	1
Address: OSIOI Cracy	U DIACLESOUR 200	ASS 22
<u>Cleveland</u> Of	448127	
. Secretary:		70 8
Address:		5, 5
Treasurer:	·	
Address:		
NOTE: If necessary, you may attach an addend	dum.to.the application listing additional officers	and/or directors.
The officer or director signing this document (ar	nature of Director or Officer	t the facts stated herein
are true and that he or she is aware that false info	ormation submitted in a document to the Departi	
third degree felony as provided for in s.817.155,	, F.S.) Director a Co Presio	doot
14. Steven H Kosen	and capacity of person signing application)	JCIT

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

I, Jon Husted, 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 business entities; that said records show RESILIENCE MANAGEMENT INC., an Ohio corporation, Charter No. 1241995, having its principal location in Cleveland, County of Cuyahoga, was incorporated on July 19, 2001 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 25th day of June, A.D. 2012

Ohio Secretary of State

Validation Number: V2012176J15960