

F130000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

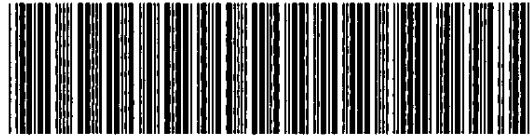
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/13--01014--019 **87.50

W3-33276

FILED
13 JUL 10 AM 10:14
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Risk Management Consultants, Ltd.

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:

Colleen Schaefer

Name of Person

Risk Management Consultants, Ltd.

Firm/Company

5789 Casa del Sol Blvd.

Address

Sarasota, FL 34233

City/State and Zip code

colleen@powerlifttraining.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Schaefer

at (623) 229-1125

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:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JUN 20 PM 1:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 7, 2013

COLLEN SCHAEFER
5789 CASA DEL SOL BLVD
SARASOTA, FL 34233

SUBJECT: RISK MANAGEMENT CONSULTANTS, LTD
Ref. Number: W13000033276

We have received your document for RISK MANAGEMENT CONSULTANTS, LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 613A00014383



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2013

COLLEN SCHAEFER
5789 CASA DEL SOL BLVD
SARASOTA, FL 34233

SUBJECT: RISK MANAGEMENT CONSULTANTS, LTD
Ref. Number: W13000033276

RECEIVED
13 JUL 10 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for RISK MANAGEMENT CONSULTANTS, LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 313A00015670

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

PowerLift Training Inc.

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

2. Minnesota 3. 41-1432230
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-6-82 5. perpetual
(Date of incorporation) (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. 5789 Casa del Sol Blvd., Sarasota FL 34233
(Principal office address)

5789 Casa del Sol Blvd., Sarasota FL 34233
(Current mailing address)

8. provide material handling safety training
(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: Colleen Schaefer

Office Address: 5789 Casa del Sol Blvd.

Sarasota, Florida 34233
(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.

Colleen Schaefer
(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.

FILED
13 JUL 10 AM 10:14
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Schaefer

Address: 5789 Casa del Sol Blvd.

Sarasota, FL 34233

Vice President: _____

Address: _____

Secretary: Colleen Schaefer

Address: 5789 Casa del Sol Blvd., Sarasota FL 34233

Treasurer: _____

Address: _____

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

13. Colleen Schaefer

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. Colleen Schaefer Secretary

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

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13 JUL 10 AM 10:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Risk Management Consultants, Ltd.
Date Filed:	10/06/1982
File Number:	4F-196
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	05/08/2013



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota

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13 JUL 10 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA