

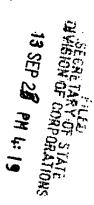
(Re	equestor's Name)	
(Ad	idress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	· WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	···
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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TO: New Filing Section Division of Corporations	
SUBJECT: RAB Communications,	Inc.
SCBSEC1:	ı - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the
Please return all correspondence concerning this matter	r to the following:
Paula Bleidorn	
Name of	Person
RAB Communications, Inc.	
Firm/Cor	npany
10 Cordage Park Circle # 125	
Plymouth, MA 02360	ess
City/State a	and Zip code
pbleidorn@rabcom.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Paula Bleidorn at (508	, 732-9104
	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 & Ser.50 Filing Fee, Certified Copy Certificate of Status & 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.

	orporation; must include "INCORPORATE! orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)
Maryland 3		3. 52-2127451
•	under the law of which it is incorporated)	(FEI number, if applicable)
12/30/199	98	5. perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
January 1	1, 2013	
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
10 Cordag	e Park Circle #125, Plymou	th, MA 02360
· · · · · · · · · · · · · · · · · · ·	(Principal office ac	idress)
10 Cordag	je Park Circle # 125, Plym	outh, MA 02360
	(Current mailing ac	idress)
Door to E	oor Sales for Comcast C	able
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)
. Name and stree	at address of Florida registered agent: (F	P.O. Box NOT acceptable)
Name:	Corporation Service C	ompany
Office Address:	1201 Hays Street	
	Tallahassee	, Florida <u>32301</u>
	(City)	(Zip code)

lace designated in this application, I hereby accept the appointment as registered agent and ag 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:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Russell A Blow
Address: 15124 Athey Road
Burtonsville, MD 20866
Vice President: Mark J Metz
Address: 310 Old Route 304
New City, NY 10956
Secretary: Russell A Blow
Address: 15124 Athey Road, Burtonsville, MD 20866
Treasurer: Mark J Metz
Address: 310 Old Route 304, New City, NY 10956
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. May y Mar
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. Mark 1 Motor
14. Mark J Metz

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 RAB COMMUNICATIONS INC., INCORPORATED DECEMBER 30, 1998, 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 SEPTEMBER 20, 2013.

Paul B. Anderson Charter Division

Faul B. Under

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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