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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BOCK OF Ages, Toc.
SUBJECT: Rock of Ages, 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:
Tano Glover Name of Person
Rock of Ages, Inc
H Gunn Circle Address
Pensacola, FL 32506 City/State and Zip code
City/State and Zip code
terna a lover & Vahoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanna Glover a1 (850) 485-6894
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 & S78.75 Filing Fee & Certificate of Status Certified Copy \$78.75 Filing Fee & Certificate of Status & Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2013

TANNA GLOVER 4 GUNN CIRCLE PENSACOLA, FL 32506

SUBJECT: ROCK OF AGES, INC Ref. Number: W13000053629

We have received your document for ROCK OF AGES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 413A00022668

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EWITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Rock	of Ages, Inc
(Enter name of c	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"lnc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")
$\mathbb{R} \cap$	A Solutions, Inc
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEVI	10A 3. 46-3580505
	under the law of which it is incorporated) (FEI number, if applicable)
4. <u>& - D</u>	of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "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	Funn Circle, Pensacob, FL 32506 (Principal office address)
4 (Junn Circle Pensacola FL 32506 (Current mailing address)
C	1
8. (Purpose(s	eral management consulting Services of corporation authorized in home state or country to be carried out in state of Floriday
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Business Filings Incorporated
Office Address:	515 E. Park Avenue
	Tallahassee , Florida 32301
	(City) (Zip code)
	gent's acceptance:
Having been nam designated in this	ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to c	omply with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.
1 wiii j siiiiii liii	ты ини иссерь те оондинона ој ту розинон из гединеген идет.
Æ5	
7	AND WILLIAM ASSISTANT SICKETORY
(,	(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: Tana Glover
Address: 4 Gunn Cirile, Pensacola, FL 32506
Vice Chairman:
Address:
Director: Tanna Glover
Address: 4 Gunn Circle, Pensacola, FL 32506
Director:
Address:
B. OFFICERS
President: Tana Glover
Address: 4 Gunn Circle
Pensacula FL 32506
Vice President:
Address:
Secretary: Tanga Glover
Address: 4 Gunn Circle PensAcola FL 30506
Treasurer: Janna Glover
Address: 4 Gunn Circle Pensacola FL 32506
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Sama Slaver
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. Toma Glover President
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

1, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ROCK OF AGES**, **INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 20, 2013, and is in good standing in this state.

SAL OF THE SECOND SEVANIA

Electronic Certificate
Certificate Number: C20130905-1710
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 5, 2013.

ROSS MILLER Secretary of State