# FK90000030

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W1476795

#### **COVER LETTER**

**TO:** New Filing Section Division of Corporations

SUBJECT: RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Julia Greenberg-Aguilar
Name of Person
MyUSAcorporation.com
Firm/Company
1 Radisson Plaza
Suite 800
Address
New Rochelle, NY 10801
City/State and Zip Code

deanreyburn@rogservices.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at 877 330-2677

Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

December 31, 2014

JULIA GREENBERG-AGUILAR 1 RADISSON PLAZA STE 800 NEW ROCHELLE, NY 10801

SUBJECT: RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC.

Ref. Number: W14000076795

We have received your document for RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 614A00027459

15 JAN 20 PH 12:

## Please reference Document #W14000076795

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

RESOUR	RCE OVERSIGHT & GUIDAI	NCE SERVICES, INC.	
(Name of corpor import in langua; in the name at pr	ation: must include the word "INCORPORATE ge as will clearly indicate that it is a corporation esent. "Company" or "Co." may not be used as a	D" or "CORPORATION" or words or abbrinstead of a natural person or partnership is a corporate suffix by a nonprotit corporation	eviations of like f not so contained n.)
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)
2. CALIFO	RNIA try under the law of which it is incorporated) 3.	N/A	
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	
4. 01/04/2010	5.	Perpetual	
(D	2)5.	(Duration: Year corp. will cease to exist	or "perpetual")
	cted affairs in Florida if prior to registration. See s		
<sub>7</sub> 333 City	Boulevard West, 17th Floor,	Orange, California, 92868	3
/·	(Principal of	ffice address)	
333 City	Boulevard West, 17th Floor,	Orange, California, 92868	3
	t organizational representative or organizational representative or organization authorized in home state or country to the address of Florida registered agent: (P.O.)		recipients
Name:	CORPORATION SERVICE COMPAN	<u>Y</u>	SEGRET ALLARI
Office Address:	1201 HAYS STREET	_	IN 20
_	TALLAHASSEE	_, Florida 32301	Eng ≥
	(City)	(Zip Code)	ες <b></b>
Having been nad designated in the further agree to	agent's acceptance: med as registered agent and to accept serv, is application, I hereby accept the appoints comply with the provisions of all statutes i familiar with and accept the obligations of	ment as registered agent and agree to relutive to the proper and complete pe	poration at the place act in this capacity. I
	Madoria Male	donna Malinowski, Assistant V	<b>P</b>
	(Registered a	igent'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.

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

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC.

FILE NUMBER:

C3273561

FORMATION DATE:

01/04/2010

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 05, 2014.

> **DEBRA BOWEN** Secretary of State