F17000004920

(Requestor's Name)
(Address)
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(133411)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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10/30/17--01021--004 ** 78.75

COVER LETTER

TO: Registration Division of	n Section Corporations				
Rubi	no Enterprises, Incorpor	ated			
SUBJECT:	Name	of corporation -	must include suffix	·	†
Dear Sir or Madam	:				
"Certificate of Exis		of Good Stand	uthorization to Transacing" and check are subs in Florida.		
Please return all co Michael Salad, Esqu	rrespondence concern ire	ing this matter t	o the following:		
	 	Name of Po	erson	-	Ť
Cooper Levenson, P.	A.				
		Firm/Comp	any		十
1125 Atlantic Ave., I	3rd FLoor				
		Addres	s		$\overrightarrow{}$
Atlantic City, NJ 08-	101				
		City/State and	d Zip code		Ť
kkopervos@cooperle	evenson.com				-
	E-mail address	s: (to be used fo	r future annual report i	notification)	1
For further informa	tion concerning this n	natter, please ca	11:		
Kerri L. Kopervos		609	572-7436		
Name of P	erson	Area Code	Daytime Telep	hone Number	;
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check	for the following am	ount:			
☐ \$70.00 Filing F	ee \$78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing For Certificate of S	tatus &

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. Rubino Enterprises, Incorporated 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Rubi-Arcidi Construction Services (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 61-1415728 (FEI number, if applicable) (State or country under the law of which it is incorporated) 04/12/2002 (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 710 N. Hammonds Ferry Road, Linthicum Height, MD 21090 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Salad, Esquire Name: 1580 Sawgrass Corporate Parkway, Suite 130 Office Address: Sunrise (City) 9. 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 psy position as registered agent.

10. 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	ı
Mata E. Rubino Chairman:	
8711 Hayshed Lane #12, Columbia, MD 21045 Address:	
Audi ess.	Ì
John P. Rubino	_
Vice Chairman: 8711 Hayshed Lane #12, Columbia, MD 21045	
Address:	
	÷
Director:	1
Address:	
	 ;
Director:	
Address:	
B. OFFICERS	
Mata E. Rubino President:	,
8711 Hayshed Lane #12, Columbia, MD 21045	
Address:	
John P. Rubino	
Vice President:	
8711 Hayshed Lane #12, Columbia, MD 21045 Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. Mata & Kirkert Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here are true and that he or she is aware that false information submitted in a document to the Department of State constitu	
a third degree felony as provided for in s.817.155, F.S. Mata E. Rubino, President	
(Typed or printed name and capacity of person signing application)	

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS 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 RUBINO ENTERPRISES, INCORPORATED (D06755300), INCORPORATED APRIL 12, 2002, 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 OCTOBER 20, 2017.

Michael L. Higgs

Director



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