F17000055587

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

TO:	Registration Section					
	Division of Corporations					
	Ruxton Consulting, Inc					
SUBJ	IECT:	of corporat	ion - mus	st include suffix		
	Name	or corporat	non - mus	of mercae surits		
Dear S	Sir or Madam:					
-Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good S	Standing"	and check are sub	et Business in Florida." mitted to register the	
	return all correspondence concert D Sandberg	ning this ma	itter to the	e following:		
		Name	of Person	 n		
Ruxto	n Consulting, Inc					
		Firm/C	lompany			
252 Te	errace Shores Drive		, ,			
	<u></u>	Λ.	ddress			
Indial	antic, FL 32903	71	uui e.s			
		City/Sta	te and Zij	o code		
mdsar	dberg@yahoo.com					
	E-mail addres	ss: (to be us	ed for fu	ure annual report r	notification)	
For ft	urther information concerning this	matter, plea	ise call:			
Mark Sandberg			25	8 0925		
	Name of Person	_ at (<u></u> Area () Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	Tallahassee, FL 32301					
Enclo	sed is a check for the following an	nount:				
= \$7	70.00 Filing Fee			3.75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, 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.

1. (Enter name of co	Ruxton Consulting, Inc, (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")						
Ruxton Consulti	ng - FL., Inc.						
(If name unavaila Maryland 2.	able in Florida, enter alternate corporate name	81-3771681	-				
(State or countr August 30, 2016	1	(FEI number, if applicable) perpetual					
(Date December 1, 20 6.	of incorporation) 17	(Date of duration, if other	(Date of duration, if other than perpetual)				
	(SEE SECTIONS 607.1501 & 607. es Drive, Indialantic, FL 32903	in Florida, if prior to registration) 1502, F.S., to determine penalty liabili ipal office address)	ty)				
	(Current mail	ling address, if different)					
8. Name and street Name:	et address of Florida registered agent: (P Mark D Sandberg	O. Box NOT acceptable)	DEC 12 A AHASSEE				
Office Address:	252 Terrace Shores Drive Indialantic	32903	AM 7:49 Or STATE Corlore				
	(City)	Florida (Zin code)	>-				

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 my position as registered agent.

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Mark D Sandberg Chairman: 252 Terrace Shores Drive Address: Indialantic, FL 32903 Vice Chairman: Address: ____ Director: _ Address: __ Director: _____ Address: **B. OFFICERS** Mark D Sandberg President: 252 Terrace Shores Drive Address: Indialantic, FL 32903 Vice President: Secretary: _ Address: ___ Treasurer: Address: ____ NOTE: If necessary, you may attach amadendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is itseed in number 11 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 D Sandberg, Director

13. ____

STATE OF MARYLAND Department of Assessments and Taxation

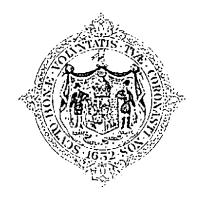
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RUXTON CONSULTING, INC. (D17465485), INCORPORATED AUGUST 30, 2016, 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 DECEMBER 08, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice