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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora							
	REALIZED IN	NTELLIGENT SOL	UTIONS C	ORPOR	ATION			
SUBJ	ЕСТ:	Name of co	rnoration -	must inc	lude suffix	_ -		—
		rume or co	rporation	mast me	rade sarrix			
Dear S	ir or Madam:							
"Certi:	closed "Application licate of Existence," or referenced foreign co	or "Certificate of C	Good Stand	ling" and	check are su			
	return all correspond S E. BANKS	ence concerning th	nis matter i	to the fol	lowing:			
REAL	ZED INTELLIGENT S		Name of P		, ,			
202 C	HURCH ST SE. STE		irm/Comp	any				
			Addres	SS				
LEES	BURG, VA 20175							т: У г
			y/State and	d Zip coo	le			—
james	banks@riscintelsolut	ions.com					• •	11.10
	I	-mail address: (to	be used for	r future a	annual report	notification)		:::
For fu	ther information con-	cerning this matter	, please ca	ıll:				
JAMES E BANKS			571	528-8081		,,,,,,,	7: 38	
	Name of Person		Area Code		Daytime Tele	phone Number		
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n utions nter Circle			MAILING A Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27		
Enclos	ed is a check for the	following amount:						
□ \$70	0.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta		\$78.75 F Certified	Filing Fee & I Copy	\$87.50 F Certifica Certified	ite of Stat	



August 14, 2018

JAMES BANKS 202 CHURCH STREET SE STE 547 LEESBURG, VA 20175

SUBJECT: REALIZED INTELLIGENT SOLUTIONS CORPORATION

Ref. Number: W18000073870

We have received your document for REALIZED INTELLIGENT SOLUTIONS CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

268 AUG 25 PK 1:38

Letter Number: 718A00016829

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EGISTER A FO	E WITH SECTION 607.1503, FLORIDA S REIGN CORPORATION TO TRANSACT . TLLIGENT SOLUTIONS CORPORATION	BUSINESS IN THE STATE OF FLORID		ro
i.		TESTERN GOESTIONS COIN CHARMAN			
	(Enter name of c	corporation; must include "INCORPORATED. Corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"		
	RISC				
2.	Virginia	able in Florida, enter alternate corporate name 3. ry under the law of which it is incorporated)	20.4650845		ida)
4.	MAY 24, 2018				
••	(Date of incorporation) 5. (Date of duration, if other than			erpetual)	
6.					13
	23515 LOVAGE	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ECT ALDIE, VA 20105	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	· .	i Acc 2
1.	.,	(Princi	pal office address)		
	P.O. BOX 4834	ASHBURN, VA 20148	'	•	
		(Current maili	ng address, if different)	,	 သူ
8.	Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
	Name:	G-T-Corporation-System			
o	ffice Address:	1200 South Pine Island Road			
		Plantation	33324 , Florida		
		(City)	(Zip 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.

Nichol McCroy, Assistant Secretary
(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 Chairman: JAMES E. BANKS 202 CHURCH ST SE#547 Address: LEESBURG, VA 20175 Vice Chairman: Address: _____ Director: Address: _ Director: B. OFFICERS JAMES E. BANKS President: 202 CHURCH ST Address: SE STE#547 eesburg, VA 20175 Vice President: Address: __ NOTE: If necessary, you may attach an addenaum to the application listing additional officers and/or directors. 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 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. JAMES E BANKS

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

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Realized Intelligent Solutions Corporation RISC is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is May 24, 2018;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: May 24, 2018

Joel H. Peck, Clerk of the Commissi

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