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

Office Use Only



800319455978

10/17/18--01019--015 **78.75

RECEIVED

OCT 1 5 2013

UCT 2 9 . j. j

S. PRATHER

COVER LETTER

•

TO:	Registration Se	ction				
	Division of Co	-				
		TRACTOR FLOORING	INC			
SUBJ	ECT:			, , , , , , , , , , , , , , , , , , ,		
		Name of co	rporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence		Good Stan	ding" and check are sul	nct Business in Florida," bmitted to register the	
	return all corres _! ARDO FIGUEIRE	oondence concerning t DO	his matter	to the following:		
			Name of I	Person		
SOLU	TION ADVISING					
]	·irm/Com	oany		
5728 N	MAJOR BLVD - SI	JITE 609	•	•		
		-	Addre	***		
ORLA	NDO - FL 32835		Addre	55		
		Cir	y/State an	d Zip code	_	
info@s	solutionadvising.co	m				
		E-mail address: (to	be used for	or future annual report	notification)	
For fu	rther information	concerning this matter	r, please ca	ill:		
LEON.	EONARDO FIGUEIREDO 407 318-0058					
	Name of Perso		Area Code	Daytime Telep	phone Number	
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	ed is a check for	the following amount:				
11 \$7(0.00 Filing Fec	\$78.75 Filing Fee Certificate of Sta	e & 🗇 utus	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TOR FLOORING INC.	
Enter name of a	corporation; must include "INCORPORATED," Corp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION," ASSET STA
		dopted for the purpose of transacting business in Florio
MASSACHUS	ELIS	
(State or count 10-14-2017	3. ry under the law of which it is incorporated) 5.	(FEI number, if applicable)
(1)	e of incorporation)	
(Date	e of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)
09 PEARL AV	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ENUE UNIT B, REVERE, MA 02151 USA	Florida, if prior to registration)
09 PEARL AV	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ENUE UNIT B. REVERE. MA 02151 USA (Principa	Florida, if prior to registration) 12. F.S., to determine penalty liability)
09 PEARL AV	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ENUE UNIT B. REVERE. MA 02151 USA (Principa	Florida, if prior to registration) 12. F.S., to determine penalty liability) If office address) g address, if different)
Name and stre	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ENUE UNIT B, REVERE, MA 02151 USA (Principa (Current mailing	Florida, if prior to registration) 12. F.S., to determine penalty liability) If office address) g address, if different)
09 PEARL AV	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ENUE UNIT B, REVERE, MA 02151 USA (Principa (Current mailing et address of Florida registered agent: (P.O SOLUTION ADVISING, LLC. 5728 MAJOR BLVD, SUITE 609	Florida, if prior to registration) 12. F.S., to determine penalty liability) If office address) If address, if different) If Box NOT acceptable)
09 PEARL AV Name and stre	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ENUE UNIT B, REVERE, MA 02151 USA (Principa (Current mailing et address of Florida registered agent: (P.O. SOLUTION ADVISING, LLC. 5728 MAJOR BLVD, SUITE 609 ORLANDO	Florida, if prior to registration) 12. F.S., to determine penalty liability) If office address) g address, if different)

laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or the law of which it is incorporated.

TITO

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Address: _____ Address: ____ **B. OFFICERS** ALEX RODRIGO ROQUE DE OLIVEIRA President: 109 PEARL AVENUE UNIT B , REVERE, MA 02151 \ddress: ___ ice President: E: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer fficer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein e and that he or she is aware that false information submitted in a document to the Department of State constitutes degree felony as provided for in s.817.155, F.S. LEX RODRIGO ROQUE DE OLIVEIRA



The Commonwealth of Massachusetts Secretary of the Commonwealth Sinte House, Boston, Massachusetts 02188

Date: October 04, 2018

To Whom It May Concern:

I hereby certify that,

RA CONTRACTOR FLOORING INC

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on October 14, 2017.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Namin Stellier

Tertificate Number: 18100136860

'erify this Certificate at; http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

rocessed by: