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COVER LETTER

Division of Corporations THE RELATIONAL MAN	AGEMENT G	RUTHE D	NC.		
SUBJECT:	ACIDIODICI CII				
Name	e of corporation	n - mus	t include suffix		
Dear Sir or Madam:					
The enclosed "Application by Foreign 6 "Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good Sta	anding''	and check are sub		
Please return all correspondence concer JAMES F HEINZ	ming this matt	er to the	following:		
THE RELATIONAL MANAGEMENT GR	Name o	f Persor	·		
THE RECATIONAL MANAGEMENT OF	(OO), INC.				
872 JERICHO TURNPIKE, STE 8	Firm/Co	mpany			
SAINT JAMES, NY 11780	Add	lress			
JFHEINZ@RMGCORP,COM	City/State	and Zip	code		
E-mail addre	ss: (to be used	for fut	ire annual report	notification)	
For further information concerning this	matter, please	e call:			
JAMES F HEINZ	631 _ at (863 2755		
Name of Person	Area Co	ode .	Daytime Telephone 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			
■ \$70.00 Filing Fee □ \$78.75 Fil Certificate			75 Filing Fee & ified Copy	S87.50 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.

	ONAL MANAGEMENT GROUP, INC.				
	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	o," "co	MPANY," "CORPORATION,	"	
(If name unava	ilable in Florida, enter alternate corporate nam	ie adopte	d for the purpose of transacting	business in Florida)	
DE					
2	 -	3			
(State or cour	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4. 4/24/1989		5			
(Da	(Date of incorporation)		(Date of duration, if other than perpetual)		
N/A					
6					
	(Date first transacted business				
	(SEE SECTIONS 607.1501 & 607	.1502, F	S., to determine penalty habilit	у)	
7 872 JERICHO	TURNPIKE, STE 8, SAINT JAMES, NY 117	80			
/. <u>072321410110</u>			ice address)		
	,	•	,	75 S S	
	(Current ma	iling add	ress, if different)	TILED AM 10: 50	
				一覧一下	
8 Name and str	reet address of Florida registered agent: (1	P O Bo	x NOT acceptable)	SEA DIT	
o. Name and <u>su</u>	CORPORATION SERVICE COMPANY		a <u>1101</u> acceptance		
Name:	CORTORATION SERVICE COMMAN	•		76 6	
, tatilo.	1201 HAYS STREET	_		35 m	
Office Address:				0	
	TALLAHASSEE	_	32301	ŕ	
			, 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.

Robert Melchiorre, Asst. VP

(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: _____ Vice Chairman: _____ Address: _____ Address: ___ **B. OFFICERS** President: JAMES F HEINZ Address: 872 JERICHO TURNPIKE, STE 8, SAINT JAMES NY 11780 Vice President: Address: ______ Secretary: RICHARD FLETCHER Address: 872 JERICHO TURNPIKE, STE 8, SAINT JAMES NY 11780 Treasurer: ROGER BASS Address: 872 JERICHO TURNPIKE, STE 8, SAINT JAMES NY 11780 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of 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.

13. TAMES FIHEINZ

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE RELATIONAL MANAGEMENT GROUP, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER,

A.D. 2018.



Authentication: 203883105

Date: 11-13-18