F19000003910

(Requestor's Nam	ne)				
(Address)					
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(City/State/Zip/Ph	none #)				
PICK-UP WAIT	MAIL				
(Business Entity I	Ñame)				
(Document Number)					
Certified Copies Certifica	ates of Status				
Special Instructions to F ^{:-} Officer:					

Office Use Only



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BKINSEY



August 14, 2019

DANIEL MAL 532 N MAIN AVE GRESHAM, OR 97030

SUBJECT: ROI INVESTMENTS INC

Ref. Number: W19000075441

We have received your document for ROI INVESTMENTS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L05000063868.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 719A00016810

Brooke N Kinsey Regulatory Specialist II

COVER LETTER

	Registration Sec Division of Coп			_	
SUBJE	CT: RO	I INVE	STHE	NTS FN	<i>C</i> ,
		•		must include suffix	
Dear Sir	or Madam:				
"Certific	ate of Existence	· -	Good Stand	ling" and check are sub	ct Business in Florida," omitted to register the
Please re	eturn all corresp	ondence concerning	this matter	to the following:	
\bigcap	ANIE!	MAI			
	100120		Name of P	erson	
(k	OT 1	NUESTME	1175	INC.	
			Firm/Comp	pany	· · · · · · · · · · · · · · · · · · ·
<	532 N	NUESTME 1. MAIN	AUS	•	
			Addres	SS .	
		ESHAM	Oa	9703 d Zip code	' ()
	(3)/00	C	ity/State an	d Zip code	
	<u> </u>	E-mail address: (t	o be used for	1 or future annual report	notification)
For furth	ner information	concerning this matte	er, please ca	ill:	
DA	NIEL M	AL at 1	503	358-40	70
	Name of Persor	<u> </u>	Area Code	Daytime Telep	hone Number
I	STREET/COU Registration Sec Division of Corp			MAILING A Registration S Division of Co	ection
	Clifton Building			P.O. Box 632	7
	2661 Executive Tallahassee, FL			Tallahassee, F	L 32314
Enclosed	d is a check for t	he following amoun	t :		
\$70.0	00 Filing Fee	S78.75 Filing For Certificate of S		\$78.75 Filing Fee & Certified 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. ROI INUESTMENTS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OREGON

(State or country under the law of which it is incorporated)

(PEI number, if applicable)

4. The foliation of other than perpetual)

6. Oate first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. The NAME GRESHAM CM. 97-030

(Principal office address)

5. STAN MAIN AVE GRESHAM CM. 97-030

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

9. Registered agent's acceptance:

Office Address:

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)

FORT MYZCS Florida 33905

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: DANIEL MAL Address: 532 N MAIN AUE. CRESHING OR 97050

Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	dred to be a deal to
B. OFFICERS	
President: STAN HAIN AVE CRESHAM	R
Address: 532 N/ MAin AUS CAR (HAM)	on, 77030
	~>
Vice President: CKEC HERSON	19
Address: <u>CKEG MERSON</u> Address: <u>S32</u> N MAIN AUL. GULSHAY (2 9753
Address: SJIN MAIN AUZ. GIRZSWAY (N. (70) 3"
	<u> </u>
Secretary:	- []
Address:	2
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application as sting additional offi	cers and/or directors
	or of of officeron.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the De	
a third degree felony as provided for in s.817.155, F.S.	eparament of state constitutes
13 DANIE MAI (CHAIRMAN)	

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 427G513V4

I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

ROLINVESTMENTS INC

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BÉV CLARNO, SECRETARY OF STATE
7/29/2019