

	(Requestor's Name)
<u> </u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	is to Filing Officer:
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	Office Use Only



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	3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724		
DATE_11/26/2019		**WA	LK IN=
entity name <u>RUAG</u>	INC.		
DOCUMENT NUMBER	· · · · · · · · · · · · · · · · · · ·		
	**PLEASE FILE THE ATTACHED AND RETURN **		
 	Plain Copy Certified Copy Certificate of Statas		
,	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	20191	
	Certified Copy of Arts & Amendments Certificate of Good Standing	111 92 MI	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	<u>छ</u> ह	
COUNTRY OF DESTING	ATTON		
NUMBER OF CERTIFIC	ATES REQUESTED		
TOTAL OWED 78.75	снеск # <sup>6933</sup>		

## **COVER LETTER**

TO: Registration Section Division of Corporations

RUAG inc. SUBJECT:

Name of corporation - must include suffix

Dear Sir or Madam:

• •

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida;" "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: Laurel Swope

Certificate of Status

	Name of Pers	on		_	
Baker Donelson Bearman Caldwell & Berkow	witz PC				
	Firm/Company	/		-	
420 20th Street North. Suite 1400					
	Address	· · · · · · · · · · · · · · · · · · ·		_	
Birmingham, AL 35203					
· · · · · · · · · · · · · · · · · · ·	City/State and Z	ip code		- 2	
lswope@bakerdonelson.com				9102	
E-mail address	: (to be used for fi	iture annual report notification)			
For further information concerning this m	atter, please call:			$\sim$	••••
	, [/			י יד <u>ט</u> יי	
Laurel Swope	205 2 at ( )	50-8383			· !
Name of Person	Area Code	Daytime Telephone Number		80 :01	·
STREET/COURIER ADDRESS	5:	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314			
Enclosed is a check for the following amo	unt:				
🗇 \$70.00 Filing Fee 🛛 🗂 \$78.75 Filing	. Fee & 🖬 \$78	8.75 Filing Fee & 🛛 🗖 \$87.50 Filin	g Fee.		

Certified Copy

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.

RUAG Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Name: NRAI Services, Inc.	Delaware	•	84-3587577
5.	(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 119 White Oak Drive, Berlin, CT 06037 (Principal office address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>NRAI Services, Inc.</u> fice Address: <u>1200 South Pine Island Road</u> <u>Plantation</u> , Florida <u>33324</u>	10/28/2019	5.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 119 White Oak Drive, Berlin, CT 06037 (Principal office address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>NRAI Services, Inc.</u> ice Address: <u>1200 South Pine Island Road</u> <u>Plantation</u> , Florida <u>33324</u>	(Date	e of incorporation)	(Date of duration, if other than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 119 White Oak Drive, Berlin, CT 06037 (Principal office address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: NRAI Services, Inc. Tice Address: Plantation Street Inc. Street Address: Street Inc. St	<u></u>		
119 White Oak Drive, Berlin, CT 06037         (Principal office address)         (Current mailing address, if different)         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       NRAI Services, Inc.         1200 South Pine Island Road			
(Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NQT</u> acceptable) Name: NRAI Services, Inc.  fice Address: Plantation J33324 January	119 White Oak		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       NRAI Services, Inc.         1200 South Pine Island Road         Plantation       . Florida		(Princi	pal office address)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       NRAI Services, Inc.         1200 South Pine Island Road         Plantation         . Florida			
Name: NRAI Services, Inc. fice Address: Plantation		(Current maili	ng address, if different)
Name:     NRAI Services, Inc.       fice Address:     1200 South Pine Island Road       Plantation     . Florida			
fice Address: Plantation	Nome and erro	et address of Florida registered egent. (D	O Day NOT appartable)
Fice Address:	Name and <u>stre</u>		O. Box <u>NOT</u> acceptable)
, Florida		NRAI Services, Inc.	O. Box <u>NOT</u> acceptable)
		NRAI Services, Inc.	O. Box <u>NOT</u> acceptable)
	Name:	NRAI Services, Inc. 1200 South Pine Island Road Plantation	

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.

NRAI Services, Inc. By: óilia

(Registered agent's signature) Natalie Leiba-Paul - Assistant Secretary

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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:

119 White Oak Drive ss:		
Berlin, CT 06037		
Melanic Goedecke	· · · · · · · · · · · · · · · · · · ·	
119 White Oak Drive		
Berlin, CT 06037		
Thomas Kipfer		
119 White Oak Drive		• • • • • • • • •
Berlin, CT 06037		
DF:		
FFICERS	· · · · · · · · · · · · · · · · · · ·	
Thomas Gehring		
119 White Oak Drive		
ent:		
Berlin, CT 06037		
Il9 White Oak Drive Berlin, CT 06037 Patricia Saglimbeni resident: 119 White Oak Drive	25 :	
ent:		
Il9 White Oak Drive S: Berlin, CT 06037 Patricia Saglimbeni resident: Il9 White Oak Drive S: Berlin, CT 06037 Melanie Goedecke		
Il9 White Oak Drive Berlin, CT 06037 Patricia Saglimbeni resident: Il9 White Oak Drive Berlin, CT 06037 Melanie Goedecke ry: Il9 White Oak Drive Berlin, CT 06037		
Il9 White Oak Drive Berlin, CT 06037 Patricia Saglimbeni resident: Il9 White Oak Drive Berlin, CT 06037 Melanie Goedecke ry: Il9 White Oak Drive, Berlin, CT 06037 Thomas Kipfer		
Il9 White Oak Drive S: Patricia Saglimbeni resident: Il9 White Oak Drive S: Berlin, CT 06037 Melanie Gocdecke ry: Il9 White Oak Drive, Berlin, CT 06037 S:		

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. Patricia Saglimbeni. Vice President

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RUAG 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RUAG INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Page 1



Authentication: 204055708 Date: 11-21-19

7675580 8300 SR# 20198215050

You may verify this certificate online at corp.delaware.gov/authver.shtml