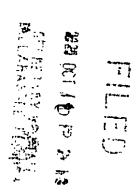
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(Re	questor's Name)		
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COVER LETTER

	ion of Corporations Responsive Technology Partne	rs Inc.		
SUBJECT:	Name of	corporation - n	nist include suffix	
5	(adam)			
Dear Sir or M			n in the management Dec	singer in Florida "
Certificate o	"Application by Foreign Corp f Existence," or "Certificate of feed foreign corporation to tra	il Good Standin	g and check are submitted	d to register the
Please return	all correspondence concernin	g this matter to	the following:	
	ssen, NMRS Corp. Assistant (
		Name of Per	rson	
Nelson Mullir	ns Riley & Scarborough LLP			<u> </u>
		Firm/Compa		
2 W. Washing	gton Street, Suite 400			
		Address		
Greenville, St	C 20601			
		City/State and	Zip code	
Steven McCo	mas mecomas@pinelandtelco.co	nn	Carrow and report notif	ication)
	E-mail address:	(to be used for	future annual report notif	(Catton)
For further in	nformation concerning this m	atter, please cal	1:	
Vickie Rosm	ussen, NMRS Corp. Assistant	, 864	373-2280	
Nai	ne of Person	Area Code	Daytime Telephone	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is	a check for the following amo	EPARTMENT (ig Fee & 🗔	OF STATE \$78.75 Filing Fee & • • • • • • • • • • • • • • • • • •	■ \$87.50 Fifing Fee, Certificate of Status of Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2020

VICKIE RASMUSSEN 2 W WASHINGTON ST STE 400 GREENVILLE, SC 20601

SUBJECT: RESPONSIVE TECHNOLOGY PARTNERS INC.

Ref. Number: W20000115594

We have received your document for RESPONSIVE TECHNOLOGY PARTNERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 420A00019701

Shank you,

Please Lind she but i cate of Existence enclosed. Should you need any thing sursher please sive me a call at 864-373-2280 RECEIVED OCT 1 6 2020

www.sunbiz.org

Division of Corporations P.O. POV 6227 Tallahassas Florida 22214

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.

	mology Partners Inc.		
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp."}	," "COMPANY." "CORPORATI	",'AC
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)
(State or country	y under the law of which it is incorporated)	(FEI number, if	applicable)
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
N/A		_	
NO.	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	bility)
30 S. Rountree St	., Metter, GA 30439		
	(Principal of	fice street address)	
	(Current mail	ing address, if different)	
Name and street	et address of Florida registered agent: (P.	.O. Box NOT acceptable)	771 6/3
Name:	Jose Remon	4,44	
ffice Address:	2323 Belleair Road		8
	Clearwater	, Florida <u>33764</u> (Zip code)	8
	(City)	(Zip code)	- U
. Registered ag	ent's acceptance:		
Lander banes were	and as engisteend against and to accept ser	vice of process for the above ste	uted corporationed the plu
arther agree to c	ea us registered agem and to decept set upplication, I hereby accept the appoin comply with the provisions of all statutes r with and accept the obligations of my p	retative to the proper and com	plete performance of my a
2			
	Jose Res	nion	
	Jose Remon (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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	·		F : 0			
□ Chairman	Steven McComas	□Chairman	Name: Eric Cramer			
□Vice Chairman	Add:ess:	□Vice Chairman	Address: 30 S. Rountree St.			
■Director	Metter, GA 30439 - 4418	Director	Metter, GA 30439 - 4418			
□President		□President				
		□Vice President				
Secretary	☐ Treasurer	≅ Secretary	☐ Treasure:			
EOther	CFO Other	□Other	Other			
□Chairman	Dustin Durden	□Chairman	Name:			
□Vice Chairman	30 S. Rountree St.	□Vice Chairman	Address:			
	Metter, GA 30439 - 4418	□Director				
■ Director		□ President				
□ President						
			☐Treasurer			
E Secretary	□Treasurer	□ Secretary				
□Other	Other	□Other				
⊟Chairman	Name:	□Chairman	Name:			
	Address:	□ Vice Chairman	Address:			
		Director				
⊡Director		□President				
President		□Vice President				
⊡Vice President		_	□Treasurer			
☐ Secretary	⊕Treasurer	□ Secretary	_			
Other		□Other	□Other			
Important Notice: Use an attachment to report more that \$1 (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when line your Florida Department of State Annual Report form.						
12. 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. Steven McComas, CEO						

Control Number: 18113728

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Responsive Technology Partners Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facic evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number . 19632038 Date Inc/Auth/Filed: 09/24/2018 Jurisdiction : Georgia Print Date : 09/29/2020

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State