# W5164

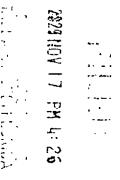
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W30000133715					



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Office Use Only



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2020

ď

LINDSEY HAWK PO BOX 310 HOLLY SPRINGS, GA 30142

SUBJECT: RPM A-V SERVICES, INC.

Ref. Number: W20000122715

We have received your document for RPM A-V SERVICES, 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):

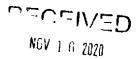
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is 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.

Yvette Scott Document Specialist II

Letter Number: 520A00021013



# COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RPM A-V Services, M	١( .
Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authori "Certificate of Existence," or "Certificate of Good Standing" a above referenced foreign corporation to transact business in Fl	nd check are submitted to register the
Please return all correspondence concerning this matter to the to the linds of the	following:
Rom A-V CPNICES INC	
Firm/Company	
PO BOX 340	
Address	منز
Holly Springs, 12th 30192	<u>,                                    </u>
City/State and Zip	code
E-mail address: (to be used for futur	re annual report notification)
For further information concerning this matter, please call:	•
Lincher Hawk aumo, 4	19-1820
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF ST  \$70.00 Filing Fee \$\Bigsquare\$ \$78.75 Filing Fee & \$\Bigsquare\$ \$78.7	ATE 5 Filing Fee & 12 \$87.50 Filing Fee, fied 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. RPIN A-V Services, 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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 300 Alam Jenkins Memoral D. Sie RY (unro, 6A)
(Principal office street address) Principal office sizes address. (Current mailing address. if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Joshua twerton

4100 S Kirkman Rd Agrillo

Orlando Elorida 308355

(City) (Zip code) Office Address: 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. Million (Registered agent's signature)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DERECTORS				• • •	
(TChairman	Name: MULTIPEN MILITER	CChairman	Name:	<del></del>	
□. Vice Chairman	Address: 1278 White Rd	[]Vice Chairman	Address:		
□Director	While, (1A 3018A	l'IDirector			
□ President		[]President			
□Vice President		□Vice President			
☐ Secretary	E)Treasurer	□Secretary		Treasurer	
MOther CEU	)	□Other		□Other	
□Chairman	Name: Rodney Milner	□Chairman	Name:		
	Address: DE Lake Overlook Dr	□Vice Chairman			
□Director	White, 6A 30189	□Director			
□President		□President		2929 NOV	
		□Vice President			
□ Secretary	□Treasurer	Secretary		□Treasurer	
t OtherC_T	Other	□Other		الله الله الله الله الله الله الله الله	
□ <i>C</i> hairman	Name I MKSEV HUWK	□Chairman	Name:	<u>.</u>	
□Vice Chairman	Name: LINGSEY HUWK Address: 130 Sugar Hill Rd NE	□Vice Chairman			
□Director	Rydw, DR 30171	□ Director			
□President		□President			
		□Vice President			
N. Secretary	□Treasurer	☐ Secretary		[] <sup>†</sup> Treasurer	
□Other	Other	□Other		□Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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 8.817.155. F.S.					
13. MALLY 7. 1711312 (Typed or printed name and capacity of person signing application)					
· ·	<del></del>				

Control Number: 11004620

## 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

#### RPM A-V SERVICES, 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-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19644175 Date Inc/Auth/Filed: 01/20/2011 Jurisdiction : Georgia Print Date : 10/06/2020

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State