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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Reed Gro	aphics, Irc	
	Name of corporation	n - must include suffix	<u> </u>
Dear Sir or Madam:			
"Certificate of Existent	tion by Foreign Corporation force," or "Certificate of Good Stagn corporation to transact busing	inding" and check are subn	
Please return all corres	pondence concerning this matte	er to the following:	
	Marie E	Sialous 2	
			· · · · · · · · · · · · · · · · · · ·
	Reed G	raphics, Inc.	•
	Firm/Co	mpany	
183	11 Highwoods	Preserve PKW	y, Unit 5201
	1ampa, F	L 33647 and Zip code	
			~
	Crie Credgra, E-mail address: (to be used	ON (C), CONN For future annual report no	otification)
For further information	concerning this matter, please	call:	
Marie Bio	at (<u>410</u>	de Daytime Teleph	94 5
Registration So Division of Co The Centre of	rporations Fallahassee oe Street, Suite 810	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	the following amount: le to: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	T OF STATE ☐ \$78.75 Filing Fee & Certified 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

	•	te name adopted for the purpose of transacting		
1)ar	yland	3. $\frac{52-19840}{\text{(FEI number, if appl)}}$	52-1984606	
	2			
(Data :	-20-96 fincorporation)	5. (Date of duration, if other tha	on perpetuals	
(Date C	i incorporation)	(Date of ouration, if other the	ш регрешат	
	(SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability		
18311	Highwoods Pre (Princ	Serve Pkuy. Unit 520 cipal office street address)	3364	
	(Curre	nt mailing address, if different)	~`	
Name and street	<u>address</u> of Florida registered age	nt: (P.O. Box <u>NOT</u> acceptable)	.	
Name:	Marie Bialous	2	. 	
ffice Address:	18311 Highwoods	Preserve Pkuy, Unil 520	· <u>·</u>	
	Tampe (City)	. Florida <u>33647</u> (Zip code)	T. D.	
signated in this o rther agree to co	d as registered agent and to acce pplication, I hereby accept the a uply with the provisions of all st	pt service of process for the above stated c ppointment as registered agent and agree atutes relative to the proper and complete f my position as registered agent.	to act in this capacity	

A. DIRECTORS Name: Marie Bialousz □ Chairman □ Chairman DVice Chairman Address: 18311 Historials_ ☐ Vice Chairman Address: Preserve PKWy Unit 5201 □Director □Director Tanpa, FL 33647 President □ President □Vice President □ Vice President Secretary Treasurer 2 □ Secretary □Treasurer □Other _____ □Other _____ Other _____ ☐Other_____ □ Chairman □ Chairman Name: □ Vice Chairman ☐ Vice Chairman Address: _____ Address: □ Director □ Director □President President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ □Other____ ☐ Chairman Name: □Chairman Name: _____ Address: _____ □Vice Chairman Address: ______ ☐ Vice Chairman □ Director □ Director □President **ClPresident** □Vice President ☐ Vice President □ Secretary □ Treasurer [] Secretary ☐Treasurer □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. ani & Bialous, 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. (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT REED GRAPHICS, INC. (D04426482). INCORPORATED JUNE 05, 1996, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 11, 2020.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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December 5, 2020

MARIE BIALOUSZ 18311 HIGHWOODS PRESERVE PKWY UNIT 5201 TAMPA, FL 33647 US

SUBJECT: RED GRAPHICS, INC. Ref. Number: W20000137942

We have received your document for RED GRAPHICS, 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):

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 720A00024385

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