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2021 JUL 23 AHII: O4 SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Section Division of Corporati	ions		
SUBJECT: Revenue Solution	ons Holding Inc.		
SUBJECT.	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign cor	"Certificate of Good Sta	anding" and check are subm	Business in Florida," nitted to register the
Please return all corresponde	nce concerning this matt	er to the following:	
Leslie Hooks			
	Name o	of Person	
Revenue Solutions Holding Inc			
	Firm/Co	ompany	
137 S Courtenay Parkway, #23	92		
	Ado	dress	
Merritt Island, FL 32952			
	City/State	and Zip code	
rshinc3@gmail.com			
E	-mail address: (to be use	d for future annual report n	otification)
For further information cond	erning this matter, pleas	e call:	
Leslie Hooks	at ( <sup>303</sup>	829-7134	
Name of Person	Area C		none Number
STREET/COURIE Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	n utions hassee reet, Suite 810	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the Please make check payable to:  \$70.00 Filing Fee		NT OF STATE  ☐ \$78.75 Filing Fec & 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.	Revenue Solutions			TO A THE STATE OF	ı r		
	(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORAT p," "Inc," "Co," or "Corp.")	ED," "CO	MPANY," "CORPORATIO"	٧,		
	RSH Inc.						
	(If name unavailab	ole in Florida, enter alternate corporate n	ame adopte	d for the purpose of transactir	ng business	in Flor	rida)
2.	Wyoming	under the law of which it is incorporated	3.	27-4847659	7		
۷.	(State or country	under the law of which it is incorporate	d)	(FEI number, if a	oplicable)		
4	January 21, 2011		5.				
٠,	(Date of	of incorporation)		(Date of duration, if other than perpetual)			
۲							
6	·	(Date first transacted busin (SEE SECTIONS 607.1501 & 6			lity)		
	1601 C 1 Associ	•	007.1302, г	.s., to determine penarty mass.	, ,		
7		nue, Cheyenne, WY 82001	al office str	eet address)			
	127 S Courtenant	Parkway #2392 Merritt Island, FL 3295		<u></u> ,			
	137 3 Courtenay			ress, if different)	• • • •		
		(Curent)	mannig dec	, obd, o,	- 187 74 (C)	202i	
8	3. Name and stree	t address of Florida registered agent:	(P.O. Bo	x NOT acceptable)	-22 -33	2021 JUL	48"Z
	Name:	Registered Agents Inc.				23 /	,
(	Office Address:	7901 4th St N Suite 300		-	) () () () () ()	AN 11: 04	
		St Petersburg		, Florida 33702	FI.	÷0	
		(City)		(Zip code)			

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.

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.

A. DIRECTORS							
□Chairman	Todd Hooks Name:	□Chairman	Name: Leslie I	łooks			
□Vice Chairman	Address:	□Vice Chairman	Address: 137 S	S Courtenay Parkway			
Director	#2392	Director	#2392				
□President	Merritt Island, FL 32952	□President	Merritt Island,	FL 32952			
□Vice President		□Vice President					
□Secretary	☐Treasurer	Secretary		□Treasurer			
Other	Other	Other		□Other			
□ Chairman	Name:	Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President					
□Secretary	□Treasurer	Secretary		□Treasurer			
Other	Other	Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	Treasurer	Secretary		☐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 s.817.155, F.S.							
(Typed or printed name and capacity of person signing application)							

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

#### **Revenue Solutions Holding Inc**

an entity originally organized under the laws of **Nevada** on **January 21**, **2011** did on **February 2**, **2016** apply for a Certificate of Incorporation and filed Articles of Continuance in the office of the Secretary of State of Wyoming. This entity has been assigned entity identification number **2016-000705314**.

I FURTHER CERTIFY that this profit corporation has renounced its state or country of organization, and is now organized under the laws of the State of Wyoming and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of May, 2021 at 8:44 AM. This certificate is assigned ID Number 044763332.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.