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## **COVER LETTER**

TO:	_	tration Section ion of Corporations				
SUBJ	ECT:	Risk Assessment Ser	vices, Inc.			
5000			Name of corporati	<del>оп - m</del>	ust include suffix	
Dear S	ir or M	adam:				
"Certif	ficate of	"Application by For f Existence," or "Ce ced foreign corporat	rtificate of Good St	anding	" and check are sub	net Business in Florida," comitted to register the
Please	return :	all correspondence c	oncerning this mat	ter to t	he following:	
Richard	d A Sma	ill				
-		<del></del>	Name (	of Pers	on	
Risk A	ssessme	nt Services, Inc				
			Firm/Co	ompan	y	
6103 C	Durhan	n Drive				
			Ade	dress		
Lake W	orth, Fl	orida 33467				
			City/State	and Z	ip code	· · · · · · · · · · · · · · · · · · ·
r_a_sm	all@hot	mail.com				
		E-mail	address: (to be used	d for fu	iture annual report	notification)
For fur	ther inf	formation concerning	g this matter, please	e call:		
Richard	l A Sma	11	at ( 847	, 9	40-0444	
	Name	e of Person	Area Co	ode	Daytime Telep	hone Number
	Regist Divisi The C 2415 I	CET/COURIER AD tration Section on of Corporations tentre of Tallahassee N. Monroe Street, St tassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Please r		_		□ \$78	STATE 3.75 Filing Fee & rtified 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.

	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in	Florida)
Illinois 	3. <sup>3</sup> ry under the law of which it is incorporated)	6 4375376	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
June 15, 2000	5		
(Date	of incorporation)	(Date of duration, if other than perpetua	i)
·			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2. F.S. to determine penalty liability)	
6103 C Durham I		z, c.o., to determine penanty hability)	
	Drive, Lake Worth Flordia 33467		
	(1)	4 I1 \	
	(Principal office	street address)	
~1~=-			
		address, if different)	
Name and stree	(Current mailing	address, if different)	20:
		address, if different)	2021 A
Name and stree	(Current mailing et address of Florida registered agent: (P.O. Richard A Small	address, if different)	2021 AUS 1
	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2021 AUS 12
Name:	(Current mailing et address of Florida registered agent: (P.O. Richard A Small 6103 C Durham Drive	address, if different)  Box NOT acceptable)	
Name:	(Current mailing et address of Florida registered agent: (P.O. Richard A Small 6103 C Durham Drive	address, if different)	7200

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 Richard A Small Richard A Small Chairman □ Chairman Name: Address: \_\_\_\_ 6103 C Durham Drive ☐ Vice Chairman ☐ Vice Chairman Address: Lake Worth, Florida 33467 Lake Worth, Florida 33467 □ Director Director President ☐ President □ Vice President □Vice President ☐ Secretary ☐ Treasurer ■ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ Name: □ Chairman □ 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 \_\_\_\_ Important Notice: Use an attachment to report profe than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when illing your Forida 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)

PASIDENT AND SOLREYARY

KICHAND

### File Number

6112-529-9



# To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RISK ASSESSMENT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 15, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH

day of AUGUST A.D. 2021

Authentication #: 2122100409 verifiable until 08/09/2022.

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE