F21000007036

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	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
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S. ROBERTS



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 3230f P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	12/08/2021	
	Merritt Walker	_
Reference #:		_
Entity Name:		TECHNOLOGIES, INC.
	es of Incorporation/Authorization	to Transact Business
🗌 Amen	dment	
🗌 Chang	ge of Agent	
🔲 Reinst	tatement	
Conve	ersion	
🗌 Merge	91	
🔲 Dissol	lution/Withdrawal	
Fictitic	bus Name	
Other_	<u></u>	
Authorized A	mount: \$70	

Signature: _____



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	12/08/2021		
	Merritt Walker	_	
Reference #:	1546749	~	
Entity Name:	RMF PRINTING	ECHNOLOGIES, INC.	
	es of Incorporation/Authorization	to Transact Business	
	dment		
<u> </u>	ge of Agent		
Reinstatement			
Conve			
🔲 Merge	er		
🔲 Disso	lution/Withdrawal		
Fictitic	ous Name		
Other			
Authorized A	mount:\$70		

Signature: ______

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.

RMF PRINTING TECHNOLOGIES, INC.

• . . ·

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.")

(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida	a)
NEW YORK	3	16-1181271	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
6/14/1982	5	PERPETUAL	
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
)	·····		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
, 50 PEARL STRE	ET, LANCASTER, NEW YORK 14086-750	00	
·	(Principal of	fice street address)	
50 PEARL STRE	EET, LANCASTER, NEW YORK 14086-75		
<u></u> <u>14</u>	(Current mail	ing address, if different)	
I. Name and stree	t address of Florida registered agent: (P.	.O. Box <u>NOT</u> acceptable)	•
Name:	COGENCY GLOBAL INC.		
Diffice Address:	115 N. Calhoun Street, suite 4		5
	Tallahassee	, Florida 32301	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.

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A. DIRECTORS

Chairman	FELIPE BAUTISTA	Chairman	Name:
□ Vice Chairman	50 PEARL ST. LANCASTER	□Vice Chairman	50 PEARL ST. LANCASTER
Director	NEW YORK 14086-7500	Director	NEW YORK 14086-7500
□President		□President	
□Vice President		□Vice President	
	Treasurer	Secretary	Treasurer
□Other	Other	Other	Other
□Chairman	FERNANDO BAUTISTA	□Chairman	MONICA CASTANO
□Vice Chairman	50 PEARL ST, LANCASTER	□Vice Chairman	Address:
Director	NEW YORK 14086-7500	Director	NEW YORK 14086-7500
□President		President	
□Vice President		□Vice President	
□Secretary	□ Treasurer		Treasurer
□Other	Other	Other	Other
□Chairman	TATIANA BAUTISTA	□Chairman	Name:
□Vice Chairman	50 PEARL ST LANCASTER	□ Vice Chairman	Address:
Director	NEW YORK 14086-7500	Director	
President		DPresident	
□Vice President		□Vice President	
Secretary		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.

12. /s/ MONICA CASTANO

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 \$817,155, F.S.

13. MONICA CASTANO, CHIEF EXECUTIVE OFFICER

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	RMF PRINTING TECHNOLOGIES, INC.
DOS 1D Number:	776035
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/14/1982
Statement Status:	CURRENT
Statement Due Date:	06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 08, 2021 at 10:58 A.M.

BRENDAN C. HUGHES, Acting Secretary of State

Brandon C. Hughan

Authentication Number: 100000740393 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>