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| (Requestor's Name) | — | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| W2200022820 064 | 1 | | | |

Office Use Only



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S. FRANKLIN MAY 10 ZUZZ

COVER LETTER

| | ration Section on of Corporations | | | |
|--|---|--|--|--|
| SUBJECT: | RUBELL SOFTWARE INC | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name | of corporation | - must include suffix | |
| Dear Sir or Ma | adam: | | | |
| "Certificate of | | of Good Stanc | Authorization to Transact B fing" and check are submitted is in Florida. | |
| Please return a | all correspondence concerni | ng this matter | to the following: | |
| IVAN BRAVO | | | | |
| | | Name of F | Person | |
| RED SQUARE | ACCOUNTING AND TAX. | LLC | | |
| | | Firm/Comp | pany | 202; |
| 6052 TURKEY | LAKE RD SUITE 144 | | | 2022 IJA ' - 9 |
| | | Addre | SS | |
| ORLANDO FL | . 32819 | | | 9 |
| | | City/State an | nd Zip code | |
| INFO@REDSQ | QUARETAX.COM | | | |
| | E-mail address | : (to be used fo | or future annual report notif | ication) 🚥 |
| For further inf | ormation concerning this m | atter, please co | alt: | |
| IVAN BRAVO | | at (| 717-8150 | |
| Name | e of Person | Area Code | | e Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | Registration Secti Division of Corpo P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| | check for the following amoved payable to: FLORIDA DI ng Fee | EPARTMENT : g Fee & □ | | \$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.

and the second second

under the law of which it is incorporated.

| | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATIO | ON." |
|--|--|---|------------------------------|
| | | | |
| | able in Florida, enter alternate corporate name ac | , , | - |
| DELAWARE (State or country under the law of which it is incorporated) | | 15-2655449 | |
| | | | |
| 4. (Date of incorporation) 5. | | (Date of duration, if other than perpetual) | |
| 6. OCTOBER 01, | 2021 | · | |
| . <u> </u> | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | Florida, if prior to registration) 2. F.S., to determine penalty liab | ility) |
| 7. 10143 CANOPY | TREE CT ORLANDO FL 32836 | | 202 |
| | | e <u>street</u> address) | 2 HAY |
| | (Current mailing | address, if different) | 9 |
| | | | PH |
| 8. Name and stree | et address of Florida registered agent: (P.O. | | 7 |
| Name: | RED SQUARE ACCOUNTING AND TAX | LLC | 28 |
| Office Address: | 6052 TURKEY LAKE RD SUITE 144 | | |
| | ORLANDO | , Florida <u>32819</u> | |
| | (City) | (Zip code) | |
| designated in this further agree to c | ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi | ent as registered agent and ag lative to the proper and compl tion as registered agent. | ree to act in this capacity. |
| | (Registered agent's sig- | nature) | |
| | certificate of existence duly authenticated, n State, by the Secretary of State or other offi | | |

A. DIRECTORS NiCHOLAS RUBELL, □Chairman □ Chairman 10143 CANOPY TREE CT □Vice Chairman Address: □ Vice Chairman Address: _____ ORLANDO FL, 32836 □Director □Director President □President □Vice President _____ □Vice President ☐ Treasurer □Treasurer ☐ Secretary □ Secretary □Other _____ □Other _____ Other _____ Other _____ □ Chairman Name: □ Chairman Name: _____ □ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □Director □Director □President □President □ Vice President _____ ☐ Vice President □Treasurer - □ □Treasurer □ Secretary □ Secretary □Other _____ □Qther_ □Other _____ □Other _____ Name: _____ □ Chairman □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. 12. 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.

, NICHOLAS RUBELL



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RUBELL SOFTWARE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RUBELL SOFTWARE,

INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVES
822
BEEN PAID TO DATE.

Y-9 PH 7:28

Transfer of the state of the st

Authentication: 203341440

Date: 05-04-22

4990176 8300 SR# 20221771035



February 22, 2022

IVAN BRAVO 6052 TURKEY LAKE RD STE 144 ORLANDO, FL 32819 US

SUBJECT: RUBELL SOFTWARE INC Ref. Number: W22000022820

We have received your document for RUBELL SOFTWARE 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.

Sharon D Franklin Regulatory Specialist II

F. T. Kind (1)

Letter Number: 222A00004403