Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001783503)))



H220001783503ABC

To:				
10.	OT hit the REFRESH/REL will gene Division of Corporati	ions		
	Fax Number : (850	1)017-0383		
From:	Account Name : REGI	ISTERED AGENTS I	NC.	· •
	Account Number : I200	990000081		1-
	Phone : (307 Fax Number : (859	7)200-2803 5)330-1010		
	nual report mailings. E		mail address	please.**
	nual report mailings. E ail Address: FOREIGN PROFIT	Enter only one e	mail address CORPORAT	please.**
	nual report mailings. E ail Address: FOREIGN PROFIT RIVERSTONE II	Enter only one e	mail address CORPORAT	please.**
	rual report mailings. It ail Address: FOREIGN PROFIT RIVERSTONE II Certificate of Status	Enter only one e	CORPORAT ORPORATIO	please.**
	FOREIGN PROFIT RIVERSTONE II Certificate of Status Certified Copy	Enter only one e	CORPORATIO 0 0	please.**
	rual report mailings. It ail Address: FOREIGN PROFIT RIVERSTONE II Certificate of Status	Enter only one e	CORPORAT ORPORATIO	please.**

Electronic Filing Menu

Corporate Filing Menu

Helps. FRANKLIN MAY 2022

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.

(Enter name of c	ONE INDUSTRIES CORPORAT opporation: must include "INCORPORATED." "			
"Inc" "Co.," "C	orp." "Inc," "Co," or "Corp.")			
(If name onavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting busi	ness in Fiorida)	
New Jers	sey			
		(FEI number, if applicable)		
01/04/20	10			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
			20	
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		22 H	
40 RICHB	OYNTON ROAD DOVER NJ (• • • •	2022 HAT 1 7	
	(Principal office	street addiess)		
40 RICHB	OYNTON RD DOVER NJ 078	01		
	(Current mailing a	ddress, if different)	~ :	
Name and street	et address of Florida registered agent: (P.O. F	iox <u>NOT</u> acceptable)	1	
Name:	Registered Agents Inc.	_		
ffice Address:	7901 4th St N STE 300			
	St. Petersburg	. Florida 33702		
	(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 registere Lagent 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.

(Registered agent's signature)

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	Name: DAVID SCHNURMAN	□ Chairman	Name:	·····	
□Vice Chairman	Address:	☐ Vice Chairman	Address:		
X Director	7901 4th St N STE 300	EDirector			
X-President	St. Petersburg FL 33702	□ President	 	.	
□Vice President		□Vice President			
## Esecretary	[] Freasurer	El Secretary		☐ Freasurer	
□Other	□Othei	EOther		□Other	
_Chainnan	Marie: MICHELLE GROOME	□ Chairman			
□Vice Chairman	7901 4th St N STE 300	□ Vice Chairman			
□Director		□ Director	**************************************	·····	
□ President	St. Petersburg FL 33702	□President			# <u></u>
□Vice President		□Vice President			<u> </u>
ElSecretary	X Treasurer	C Secretary		□ Freasurer	PH II
□Other	□Other	COther		□ Freasurer □ Other <u>175</u>	:.
CiChairman	Name: ARIANNE SCHNURMAN	□Chairman	Name:		
□ Vice Chairman	Address;	□Vice Chairman	Address:		
X'Director	7901 4th St N STE 300	D Director		·	
€President	St. Petersburg FL 33702	☐ President			
CVice President	**************************************	□ Vice Presidem		· · · · · · · · · · · · · · · · · · ·	
X Secretary	[]Treasurer	C. Secretary		☐ Ireasurer	
ДОВет		□Other		□Other	
12 CS	Use an attachment to report more than six (t). The attachment to the index of the filling your Florida Department School Signature of Director of Correctors and who is fisted in number of the filling that the Director of Signature of Directors are signing this document (and who is fisted in number of Signature of Si	ent of State Annoal R or Officer cr 11 above) affirms (oport form	d herein are true	and that he or
N.\$17.455, F.S.	dse information submitted by a document to the Depar	milem on a diffe control	1114 - 11 1111111 115 2.5		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

RIVERSTONE INDUSTRIES CORPORATION 0400323861

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 04, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DAVID SCHNURMAN 40 RICHBOYNTON ROAD DOVER, NJ 07801

CREAT SCHOOL THE STATE OF THE S

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of May, 2022

La A Mum

Elizabeth Maher Muoio State Treasurer

Certificate Number 6131975686

Verify this certificate ordine at

https://www.L.state.nj-us/TYTR_StandingCert/JSP/Verify_Cert.jsp