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Office Use Only



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S. FRANKLIN JUN 2 1 2022

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: RV ADVISOR CONSUMER ASSOCIATION, INC.  Name of Corporation - must include suffix   |
| Dear Sir or Madam:  |
| The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida. |
| Please return all correspondence concerning this matter to the following:   |
| GIGI STETLER S  |
| RV ADVISOR CONSUMER ASSOCIATION, INC. 23 Firm/Company  8 THE GREEN STE A  |
| 8 THE GREEN STE A   |
| Address  DOVER, DE 19901  City/State and Zip Code  GIGIS @ BELSOUTH. NET  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| GIGI STETLER at (984) 850-4702  Name of Person Area Code Daytime Telephone Number   |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303   |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee \$\Bigsquare\$   |

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

|  | sor Consumer Association, In   |   |   | <del></del>                 |
|--|--|---|---|-----------------------------|
| (Name of corpo<br>import in langu-<br>in the name at p | oration; must include the word "INCORPOR, tage as will clearly indicate that it is a corpor present. "Company" or "Co," may not be used  | ATED" or "COR<br>ation instead of a<br>d as a corporate s | PORATION" or words or abbreviation natural person or partnership if not suffix by a nonprofit corporation.) | ons of like<br>to contained |
| (If name unava   | ailable in Florida, enter alternate corporate n  | ame adopted for   | the purpose of transacting business is  | ı Florida)                  |
| Delaware   | e  | 1   | 844475281   |                             |
| (State or cou  | e mtry under the law of which it is incorporated   | $\overline{d}$ .  | (FEI number, if applicable)   |                             |
| 4. <i>a</i>  | Date of Incorporation)   | 5.  |   |                             |
| (1   | Date of Incorporation)   | (1)   | Date of duration, if other than perpetu   | al)                         |
| 6. <b>N</b>  | ONE<br>ducted affairs in Florida if prior to registration.   |   |   |                             |
| (Date first cond                                       | lucted affairs in Florida if prior to registration.  | See sections 617.1  | 501 & 617.1502, F.S. to determine pe  | nalty liability.)           |
| <sub>7</sub> 8 The Gre                                 | een STE A Dover DE 19901   |   | ess)  | 022 H.Y                     |
|  |  |   | ess)  | - <del></del> - :           |
|  |  |   |   | 23                          |
|  | (Current mail  | ing address, if dif                                       | Terent)   | <del></del>                 |
|  |  |   |   | سند<br>امد تند              |
| S. PROTI   | (Current mail:  ECTION AND ADVOC  corporation authorized in home state or cour   | ACY FOR   | _ CONSUMER RIGHT<br>out in the state of Florida) RV O   | IS AGOR<br>WNERS            |
| 9. Name and <u>str</u>                                 | reet address of Florida registered agent: (  | P.O. Box <u>NOT</u>                                       | acceptable)   |                             |
| Name:  | Registered Agents Inc.   |   |   |                             |
|  | 7901 4th St N STE 300  | · · · · · · · · · · · · · · · · · · ·                     |   |                             |
|  | St. Petersburg   | Florida   | 33702   |                             |
|  | St. Petersburg   | , FIORMa_   | (Zip Code)  |                             |
|  |  |   |   |                             |
| Having been na<br>designated in th                     | d agent's acceptance;<br>amed as registered agent and to accept s<br>his application, I hereby accept the appo<br>o comply with the provisions of all status<br>iar with and accept the obligations of m | ointment às regi  | istered agent and agree to act in .   | this capacity. 1            |
|  | Bill Hame  | red agent's signati                                       | nea)  |                             |
|  | (Register  | red agent's signati                                       | исј   |                             |

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTORS Gigi Stetler |          |                              | Jarryd Stetler  |  |
|---------------------------|----------|------------------------------|-----------------|--|
| <b>∑</b> Chairman         | Name:    | 5 Ave Ft Lauderdale Fl 33330 | □Chairman       | Name: 4941 Sw 145 Ave Ft Laudentale Ft 33330 |
| □Vice Chairman            | Address: |                              | Vice Chairman   | Address:                                     |
| Director                  |          |                              | □Director       |  |
| □President                |          |                              | □President      |  |
| Vice President            |          |                              | □Vice President |  |
| □Secretary                | 1        | □Treasurer                   | ☐ Secretary     | □Treasurer                                   |
| Other:                    |          | Other:                       | □Other:         | Other:                                       |
| ∃Chairman                 | Name:    |                              | □ Chairman      | Name:  |
| ∃Vice Chairman            | Address: |                              | □Vice Chairman  | Address:                                     |
| □Director                 |          |                              | □Director       | <u></u>                                      |
| □President                |          |                              | □President      | 2022 F.                                      |
| □Vice President           |          |                              | □Vice President | 2  |
| Secretary                 | į        | □Treasurer                   | □Secretary      | ☐Treasurer.                                  |
| Other:                    | I        | ☐ Other:                     | □Other:         | Other:                                       |
| ]Chairman                 | Name:    |                              | □ Chairman      | Name:  |
| ∃Vice Chairman            | Address: |                              | □Vice Chairman  | Address:                                     |
| Director                  |          |                              | □Director       |  |
| ]President                |          |                              | □President      |  |
| Vice President            |          |                              | □Vice President |  |
| Secretary                 | Į        | □Treasurer                   | □Secretary      | □Treasurer                                   |
| ]Other:                   | [        | ☐ Other:                     | □Other:         | □Other:                                      |

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RV ADVISOR CONSUMER ASSOCIATION, 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 FIFTEENTH DAY OF MAY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RV ADVISOR CONSUMER ASSOCIATION, INC." WAS INCORPORATED ON THE TWENTY-FOURTHY DAY OF JANUARY, A.D. 2020.

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Authentication: 203433638

Date: 05-15-22

7816644 8300C SR# 20221960018