# F22000006318

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

Office Use Only



800391809578

08733722--01029--0012 **23.**7 →

S. FRANKLIN

#### **COVER LETTER**

TO: Registration Sect Division of Corp.			
SUBJECT: RETTING	ER BUSINESS SYSTEMS INC	:	
SUBJECT.	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,		r Authorization to Transact Business in Florida," anding" and check are submitted to register the less in Florida.	
Please return all correspo	ndence concerning this matter	er to the following:	
RICHARD RETTINGER			
	Name of	f Person	
RETTINGER BUSINESS	SYSTEMS INC		
	Firm/Con	mpany	
3928 FORREST GLENN E	BLVD		
	Addr	ress	
NAPLES, FL 34114		52.5	
	City/State a	and Zip code	
rick@rettbiz.com		1	
	E-mail address: (to be used	for future annual report notification)	
For further information c	oncerning this matter, please	call:	
RICHARD RETTINGER	at ( 856	298-7553	
Name of Person	Area Cod	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable \$70.00 Filing Fee	to: FLORIDA DEPARTMEN	TT OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certified Copy Certificate of Status of 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.

NEW JERSEY		20.0040270	Florida)			
(State or country under the law of which it is incorporated)		orporated) 22-2849378 (FEI number, if applicable)	3. 22-2849378			
02/01/1998						
(Date	of incorporation)	5. (Date of duration, if other than perpetua	al)			
	(Date first transact (SEE SECTIONS 607.1	ed business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liability)	7022			
411	Jements Rodge	Road Barrington, NJ 08007	S			
		Principal office street address)	1			
3928	Forcest Glens	Dud de las El 24mi	ـــ			
		) BIVO, NADRS TE STITE				
	, (C	Road Barrington, NJ 08007  Principal office street address)  Blvd, Naples FL 34114  Current mailing address, if different)	P;			
	et address of Florida registered	Current mailing address, if different)  agent: (P.O. Box NOT acceptable)	2022 CO 7 PN 4: 32			
			PH 4: 32			
Name and <u>stre</u> Name:	et address of Florida registered	agent: (P.O. Box <u>NOT</u> acceptable)	P;1 4: 32			
Name and <u>stre</u> Name:	RICHARD RETTINGER 3928 FORREST GLENN BLV	agent: (P.O. Box <u>NOT</u> acceptable)	PN 4: 32			
Name and <u>stre</u> Name:	et address of Florida registered RICHARD RETTINGER 3928 FORKEST GLENN BLV NAPLES	agent: (P.O. Box <u>NOT</u> acceptable)  /D  Florida 34114	P;1 4: 32			
Name and <u>stre</u> Name: fice Address:	RICHARD RETTINGER  3928 FORREST GLENN BLV  NAPLES  (City).	agent: (P.O. Box <u>NOT</u> acceptable)	P;1 4: 32			
Name and <u>stree</u> Name:  ice Address:  Registered ag	RICHARD RETTINGER  3928 FORREST GLENN BLV  NAPLES  (City).	Agent: (P.O. Box NOT acceptable)  VD  Florida 34114  (Zip code)				
Name and <u>stree</u> Name: Tice Address: Registered ag ving been nan	RICHARD RETTINGER  3928 FORREST GLENN BLV  NAPLES  (City)  ent's acceptance: ed as registered agent and to	agent: (P.O. Box NOT acceptable)  //D  Florida 34114 (Zip code)  accept service of process for the above stated corporatio	n at the pla			
Name and streen Name:  Fice Address:  Registered ago wing been name ignated in this other agree to contact the streen agree the str	RICHARD RETTINGER  3928 FORREST GLENN BLV  NAPLES  (City)  ent's acceptance: ed as registered agent and to application, I hereby accept to omply with the provisions of a	Agent: (P.O. Box NOT acceptable)  VD  Florida 34114  (Zip code)	n at the pla this capacit			

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address: 3928 FORREST GLENN BLVD	□ Vice Chairman					
□Director	NAPLES, FL 34114	□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	<del></del>	□Other			
				2022			
Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:	li			
□Director		Director	<del></del> -	<del>-</del>			
□President		□President		<u></u>			
□Vice President		□ Vice President		rs:			
☐ 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.							
13. RICHARD	RETTINGER						
13.	(Typed or printed name and capacity of pers	on signing applicatio	n)				

The first of the second

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

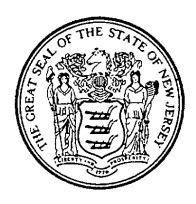
#### RETTINGER BUSINESS SYSTEMS, INC. 0100364230

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 February 05, 1988.

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:

RICHARD M RETTINGER JR 411 CLEMENTS BRIDGE RD BARRINGTON, NJ 08007-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2022

des on Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6136372923

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

7022 C . 1 - 7 FT 4: 32



August 26, 2022

RICHARD RETTINGER 3928 FORREST GLENN BLVD NAPLES, FL 34114 US

SUBJECT: RETTINGER BUSINESS SYSTEMS INC

Ref. Number: W22000110203

We have received your document for RETTINGER BUSINESS SYSTEMS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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

Letter Number: 822A00019117

RECEIVED OCT 67 21.1