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DEC 72 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FR Conversions Inc.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporatio "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact b	
Please return all correspondence concerning this n	natter to the following:
Jeff Shay	
Nan	e of Person
FR Conversions Inc.	. ,
Firm	Company
1231 Tech Ct	·
	Address
Westminster, MD 21157	-m
City/S	ate and Zip code
jshay@frconversions.com	
E-mail address: (to be t	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Jeff Shay at (410-6	48-26) 648-2697
Name of Person Area	Code 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 following amount:  Please make check payable to: FLORIDA DEPARTM  \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	ENT OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

FR Conversions	inc.			
	corporation; must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting bus	iness in Florida)	
2. Maryland	3	27-4642072		
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4	- 20 - 2012 5. of incorporation)			
(Date	of incorporation)	(Date of duration, if other than p	erpetual)	
6. na				
7. 1231 Tech Ct. W	estminster, MD 21157	02, F.S., to determine penalty liability)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		
	(Current mailing	g address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	1	
Name:	Registered Agent Solutions, Inc.			
Office Address:	155 Office Plaza Dr. Suite A		C.	
Office Address:	Tallahassee	 32301 , Florida		
	(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.

Adam Saldana, Asst. Secretary

(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: Eli Rosenbloom	□Chairman	Name:	
□Vice Chairman	Address: 1231 Tech Ct,	□Vice Chairman	Address:	
□Director	Westminster, MD 21157	□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	□Other		□Other
				<del>; -</del> 
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		··
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	Other	□Other	<del></del>	□Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director	ent of State Annual Re	eport form.	
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number lise information submitted in a document to the Depart	er 11 above) affirms th rtment of State constitu	at the facts state	d herein are true and that he or
13	ELT ROSENBLOOM, PR	esident		

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FR CONVERSIONS INC. (D14777445), INCORPORATED JULY 20. 2012. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE. THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND ATBALTIMORE ON THIS OCTOBER 18, 2022.

11/1/199

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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