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### **COVER LETTER**

TO:			Section Corporations			
SUBJ	FCT.	RED	RIVER COMPUTERS CO	MPANY, IN	C.	
зова	LC1.		Name of	corporation -	- must include suffix	
Dear S	ir or M	adam:				
"Certif	icate of	f Exist		Good Stand	Authorization to Transact Buling" and check are submitted in Florida.	
Please	return a	all cor	respondence concerning	this matter t	to the following:	
LEXIS	MART	INEZ				
				Name of P	erson erson	<del>.</del>
RED R	IVER C	ОМР	ITERS COMPANY, INC.			1535
		<del></del>	-	Firm/Comp	pany	<del></del>
14435	SW 16T	H ST				
				Addres	SS	
MIAM	I FL 331	175				:
				City/State an	d Zin code	
LEXIS	M72@Y	/AHO		,		Ç.
			Į.	to be used fo	or future annual report notifi	cation)
For fur	ther in	format	ion concerning this mat	ter, please ca	ill:	
LEXIS MARTINEZ at		305 979-5127				
	Name	e of Pe		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			Section Corporations of Tallahassee nroe Street, Suite 810		MAILING ADDI Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations
Please		eck pa	for the following amous yable to: FLORIDA DEP  \$78.75 Filing   Certificate of	ARTMENT 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.

·	orporation;	S COMPANY, INC. must include "INCORPORATED," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	· · · · · · · · · · · · · · · · · · ·
(If name unavaila	able in Flor	da, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
NEW YORK		3.		
(State or country	y under the		(FEI number, if apple	
	of incorpo	ration) 5	(Date of duration, if other tha	an perpetual)
N/A ).				
	(S	(Date first transacted business in EE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability	)
14435 SW 16TH	ST	_		
-		(Principal offic	e <u>street</u> address)	
MIAMI FL 3317.	5			
		(Current mailing	address, if different)	
_				
. Name and stree		of Florida registered agent: (P.O.	Box NOT acceptable)	1.5
Name:	LEXIS	MARTINEZ	<u></u>	7
Office Address:	14435 S	W 16TH ST		
	MIAMI		 . Florida <sup>33175</sup>	(T)
		(City)	(Zip code)	
lesignated in this Turther agree to c	ed as regi application omply wit	ptance: stered agent and to accept servic on, I hereby accept the appointm	e of process for the above stated c ent as registered agent and agree lative to the proper and complete	to act in this capacit
		Cex 13 Martie		
		(Registered agent's sig	nature)	
10. Attached is a	certificate	of existence duly authenticated, a	not more than 90 days prior to deli	very of this application

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS					
□Chairman	Name: LEX	IS MARTINEZ	☐ Chairman	Name:	
□Vice Chairman	Address:	435 SW 16TH ST	_ □Vice Chairman	Address:	
Director	MIAMI FL	33175	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			m · ·		
□Vice President					
Secretary		□Treasurer	☐ Secretary		□Treasurer
□Other		□Other	□Other		□Other
□Chairman	Name:		Chairman	Name:	
□Vice Chairman	Address:		□ Vice Chairman	Address:	
□Director			□Director		ন. গ্ৰে
□President			□President		
□ Vice President			□ Vice President	<del>,</del> -	
☐Secretary		□Treasurer	☐ Secretary		□Treasurer
Other		□Other	Other		Other
		ment to report more than six (6). Index when filing your Elorida D	epartment of State Annual Re	eport form.	
12.		1 laust	Martine		
· <del></del>	-	Signature of Di	irector or Officer		
		his document (and who is listed in on submitted in a document to the			
LEVIE MAD	ていビク				

(Typed or printed name and capacity of person signing application)

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be file in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of th certificate, the following entity information is reflected:

Entity Name:

RED RIVER COMPUTERS COMPANY, INC.

DOS ID Number:

4761192

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS

05/20/2015

**Statement Status:** 

CURRENT

Statement Due Date:

05/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 08, 2022 at 12:51 P.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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