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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION RM Management Inc.

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S. FRANKLIN HURN - 4 2023

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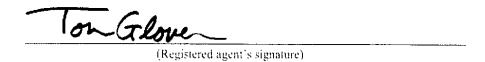
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. RM Mana	gement Inc.		
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
RM Manage	ement PRO INC.		
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	iness in Florida)
2. Minneso	ota ,		
(State or count 4/25/20)	ry under the law of which it is incorporated) 11		
(Date of incorporation)		(Date of duration, if other than p	erpetual)
6			
	(Date first transacted business in Flo	orida, if prior to registration)	
. 7901 4th	(SEE SECTIONS 607.1501 & 607.1502, St N STE 300 St. Peters)		(~)
/ <u></u>	(Principal office §		<u> </u>
7901 4th S	t N STE 300 St. Petersburg FL 3		:
++	(Current mailing ac		•)
8. Name and <u>stre</u>	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	Northwest Registered Agent LLC		ات ر
Office 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 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.



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 Name: Roberto Chevres □Chairman □Chairman Name: □Vice Chairman Address: ___ ☐ Vice Chairman Address: PO BOX 282 **⊠**Director □ Director TOA ALTA PR 00954 XiPresident □ President □Vice President □Vice President **X**Secretary (X)Treasurer □Secretary □Treasurer □ Other _____ □Other ____ □Other _ \Box Chairman Name: □Chairman Name: □ Vice Chairman Address. □Vice Chairman Address: _____ □ Director □Director □President President □Vice President EVice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other ___ Name: Name: □Chairman □Chairman □Vice Chairman Address: Address: □Vice Chairman Director Director □President E President □Vice President _ □ Vice President □ Secretary ElTreasurer Secretary □Treasurer □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.

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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.

Office of the Minnesota Secretary of State Certificate of Good Standing

I. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: RM Management Inc.

Date Filed: 04/25/2011
File Number: 4274866-2

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/18/2022

OF THE ST

Ateve Pinn Steve Simon

Secretary of State State of Minnesota