F2300000051

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ
		į





600398667486

10.15/00- 01009--009 **70.00

2331 .12 E. 1232

S. FRANKLIN

JAN - 4 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RPS AMERICA INC.	
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Alessandra Piras	
Name	of Person
CINOTTI LLP	
Firm/C	Company
66 W Flagler St., Ste 1002	<i>~</i> ع
Ac	ldress
Miami, FL 33130	
City/Star	te and Zip code
legalmiami@cinottigalgano.com	
E-mail address: (to be use	ed for future annual report notification) se call:
For further information concerning this matter, pleas	se call:
Mariagrazia Labianca 786	5772291
Name of Person Area C	
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 DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE S78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy 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.

(If name unavai)	lable in Florida, enter alternate corporate name ad		
DELAWARE	3	(FEI number, if applicable)	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applic	able)
02/03/2016	ā	(Date of duration, if other than	
(Date	e of incorporation)	(Date of duration, if other than	perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150.	Florida, if prior to registration) 2. F.S., to determine penalty liability)	
8808 BECKETT	RD. WEST CHESTER, OH 45069	,	
	(Principal office	street address)	
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
Name and <u>stre</u>	(Current mailing et address of Florida registered agent: (P.O.		16231
Name and stre	· · · · · · · · · · · · · · · · · · ·		7971
Name:	et address of Florida registered agent: (P.O.		7071 · 15
	et address of Florida registered agent: (P.O. CINOTTI GALGANO 66 W FLAGLER ST, STE 1002	Box <u>NOT</u> acceptable)	7271 - 15 Fi
Name:	et address of Florida registered agent: (P.O. CINOTTI GALGANO 66 W FLAGLER ST, STE 1002 MIAMI	Box <u>NOT</u> acceptable)	7071 - 15 Fi F
Name:	et address of Florida registered agent: (P.O. CINOTTI GALGANO 66 W FLAGLER ST, STE 1002		70771 - 15 FE TO 70

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 PAOLO ZANOTTI FABIO PASSUELLO □ Chairman □ Chairman c/o FUNARO &CO. 8808 BECKETT RD □Vice Chairman Address: ` □Vice Chairman Address: 350 Fifth Ave. 41st Floor WEST CHESTER, OH 45069 ■ Director Director NEW YORK, NY, 10118 □President □President □Vice President _____ □Vice President ☐Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other □Other _____ □Other _____ Name: ED KWIATKOWSKI ROBERTO FACCI □ Chairman Chairman Address: S808 BECKETT RD 8808 BECKETT RD □Vice Chairman Address: _ ☐ Vice Chairman WEST CHESTER, OH 45069 WEST CHESTER, OH 45069 Director □ Director □ President President □Vice President _____ ☐ Vice President □Treasurer ☐ Secretary ■ Treasurer ☐ Secretary □Other _____ ☐Other _____ Other _ □Other _____ FILIPPO CINOTTI Name: □Chairman □Chairman Name: _____ c/o Cinotti International LLC □Vice Chairman Address: □Vice Chairman Address: ____ 239 Av. Arterial Hostos, Ste 406 □Director □ Director San Juan, PR, 00918 □ President □President □Vice President □Vice President ■ Secretary □Treasurer □ 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 tour Florida Department of State Annual Report form. 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.

FILIPPO CINOTTI, Secretary

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RPS AMERICA 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RPS AMERICA"

INC." WAS INCORPORATED ON THE THIRD DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204909931

Date: 11-21-22

5954672 8300 SR# 20224074691