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#### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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	Acci	#120160000072	
Name:	Rendair Corporatio	n	
Document #:			
Order #:	14795245		
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Thank you!

### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rendair Corporation		
· · · · · · · · · · · · · · · · · · ·	of corporation	- must include suffix
Dear Sir or Madam:		
	of Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.
Please return all correspondence concerni	ng this matter	to the following:
Todd Trabold		
	Name of I	Person
Kactus Capital Management		
	Firm/Comp	pany
1450 Brickell Ave 31st Fl		
	Addre	ss
Miami, FL 33131		
	City/State an	d Zip code
ttrabold@kactuscapital.com		
E-mail address	: (to be used fo	or future annual report notification)
For further information concerning this m	atter, please ca	dl:
Todd Trabold	917 at (	_) 836-0112  Daytime Telephone Number
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 amore Please make check payable to: FLORIDA DI  \$70.00 Filing Fee  \$78.75 Filin  Certificate of	EPARTMENT g Fee & 🗆	OF STATE \$78.75 Filing Fee & S87.50 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.

(If name unavail	able in Florida, enter alternate corporate name ad	lopted for th	ne purpose of transaction	ng business in Florida)
Delaware	3.	7-3096518		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
7/19/2021	of incorporation) 5	(Da	ite of duration, if other	than perpetual)
). <u></u>	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)			ity)
4412 North Bay I	Rd Miami beach, FL 33140			
	(Principal office	street add	ress)	
		1.4 7.5	11.00	
	(Current mailing	address, 11 (	different)	20
Name and stree	et address of Florida registered agent: (P.O.			2023 FI
				7023 FEB 2
Name:	et address of Florida registered agent: (P.O.			FEB 22
Name:	et address of Florida registered agent: (P.O.  C T Corporation System			FEB 2
Name:	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road	Box <u>NOT</u> 	_acceptable)	FILED FEB 22 PM
Name:  Office Address:  Registered ago laving been nam lesignated in this inther agree to c	et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation	Box <u>NOT</u> FL  of process at as regis		FILED FILED  FileD  feb 22 PH 2: 59  d corporation at the pla ee to act in this capacity
Name: Office Address: Registered ago laving been nam lesignated in this urther agree to c	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes relations.	Box NOT  FL  of process  nt as regis ative to the tion as reg	23324 (Zip code) s for the above state stered agent and agree proper and completistered agent.	FILED FILED  FileD  feb 22 PH 2: 59  d corporation at the pla ee to act in this capacity

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.

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

#### A. DIRECTORS Jose Fabregat Joaquim Civit Name: Name: □ Chairman □Chairman Carrer de Raset, 47A 3-2 4412 North Bay Road ☐ Vice Chairman Address: □ Vice Chairman Address: \ Miami Beach, FL 33140 Barcelona, Spain Director Director 08021 □ 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 \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman Name: Address: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman □ Director □ Director □President □President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (4). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when figure your Florica 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 submifted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jose Fabregat, Director

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

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

DELAWARE, DO HEREBY CERTIFY "RENDAIR CORPORATION" 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 FEBRUARY, A.D.

2023.

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

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

Section of the sectio

Authentication: 202758010

Date: 02-21-23