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(((H230000919973)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: tkahle@towerventures.com

## FOREIGN PROFIT/NONPROFIT CORPORATION RBM TOWERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	(14
Estimated Charge	\$78.75

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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.

To:

	corporation; must include "INCORPORATED," 'corp.," "Inc.," "Co.," or "Corp.,")	'COMPANY," "CORPORATION	,,	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
Tennessee	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
2/9/1998	5.			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.150) & 607.1502	• •	.Λ	
	(act accitività invitati di divitada	i, r.o., to determine penalty habiti	* )	
495 Tennessee St	rest Suite 152 Memphis TN 38103			
495 Tennessee St	reet Suite 152 Memphis, TN 38103	street address)		
495 Tennessee St	reet Suite 152 Memphis, TN 38103 (Principal office	<u>street</u> address)		
495 Tennessee St	(Principal office	street address) address, (f different)		
495 Tennessee St	(Principal office	street accress)		
	(Principal office	street address) address, if different)		
Name and stree	(Principal office	street address) address, if different)		
Name and stree	(Current mailing a  et address of Florida registered agent: (P.O. I  C T Corporation System	street address) address, if different)	2023 APR 12 APR	
Name and stree	(Current mailing a Current mailing a ct address of Florida registered agent: (P.O. I C T Corporation System  1200 South Pine Island Road	address, if different)  Box NOT acceptable)	2023 APR 12 APR	
Name and stree	(Current mailing a  et address of Florida registered agent: (P.O. I  C T Corporation System	address, if different)  Box NOT acceptable)  F1, 33324		

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.

By: by Ryan P McLaughlin, Assistant 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.

₽age: 5 of 6

To:

2023-04-12 07:43:51 CST

16	144	 862

A. DIRECTORS				
Chairman	Name: William E. Orgel	□ Choirman	495 Tonnessoo Street	
□Vice Chairman	Address: 495 Tennessee Street	□Vice Chairman		
□Director	Suite 152 Memphis, TN 38103	ElDirector		nphis, TN 38103
□President		□President		
⊡Vice President		□Vice President	year transcription organic	
☐Secretary	[]Treasurer			☐ Treasuror
□Other	Other	Other	n nya ayagar kamana kama	Other
[*****	No	m en . :	N	
□ Chaimun	Name:	□ Chairman		
□Vice Chairman	Address:		Address:	
□Director		Director		
□President		[]President		an anggar gagana ayaki ka sasasa ana anaman manggalaya ito dala iyab balika sasas
□Vice President		El Vice President	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
☐ Secretary	☐Treasurer	□ Secretary		Trensurer
□Other	Other	□Other	<u></u>	□Other
□Chairman	Name.	□ Chairman	Name:	
	Address:	(IVwe Chairman		
□Director		Director		
☐President		□President	warten anny di William (C. A. Mill Mill berken di adec sel	,,,,,, p. 21.24.
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		Treasurer
□0ther	O(hei	□Other		()ther
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your florida Departmen	hment will be imaged	d for reporting pu port form	rposes only. Non-indexed
12.	/ \			and the second s
	Signature of Director or	Officer		
	stor signing this document (and who is listed in number lise information submitted in a document to the Departm			
13.	William E. Orgel  (Typed or printed name and capacity of person			
	caybed or printed name and cabacity of berson	тырния арвисанов.	)	



# **Division of Business Services** Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL. Nashville, TN 37243-1102

WK EFF

To:

March 9, 2023

WK EFF 600 SOUTH

SPRINGFILED, IL 62704

Request Type: Certificate of Existence/Authorization

Issuance Date: 03/09/2023

Request #:

0520018

Copies Requested:

Receipt #: 007884384

Filing Fee:

\$20.00 \$20.00

Regarding:

**RBM TOWERS, INC.** 

Filing Type:

For-profit Corporation - Domestic

Control #:

345444

Formation/Qualification Date: 02/09/1998

Payment-Credit Card - State Payment Center - CC #: 3846710262

Date Formed:

02/09/1998

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Business County: SHELBY COUNTY

Perpetual

Inactive Date:

### CERTIFICATE OF EXISTENCE

Document Receipt

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### RBM TOWERS, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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