

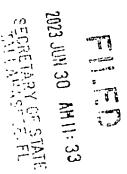
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filling Officer:		

Office Use Only



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06/30/23--01022--018 **70.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RM 101 Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Rosa H. Haldonado	
Name of	Person
RM 101 Inc Firm/Com 3097 Polk Aue Spring Adda	
Firm/Com	pany
3097 Dolk Ave Soring	Hill Fl 34609
Addr	ess
professional rmp @ gmail. E-mail address: (to be used f	nd Zip code Com or future annual report notification)
For further information concerning this matter, please c	all:
Name of Person at (787) Area Code	, 649-8236
Name of Person Area Code	e 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 amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee	OF STATE □ \$78.75 Filing Fee & □ \$87.50 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Minnesota
(State or country under the law of which it is incorporated)

3. 93 - 209 8300
(FEI number, if applicable) 4. 03 - 08 - 1952 5. (Date of incorporation) 5. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Lema Dr Spring Hill F/ 34609
(Princhal offerstreet address) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) H. Maldonado

Holk Ave

Hill , Florida 34609

(City) (Zip code) Office Address: 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. (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

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

Chairman	Name: Kosa Haldonado	□ Chairman			
□Vice Chairman	Address: 3097 Polk Ave	□Vice Chairman	Name:		
□Director	Spring Hill F/ 34609	Director	Address:		
President		□ President			
□ Vice President	·				
☐ Secretary	☐ Treasurer	□ Vice President			
Other		Secretary	□Treasurer		
		Other	Other		
Chairman	Name:	□ Chairman			
□Vice Chairman	Address:		Name:		
Director		□Vice Chairman	Address:		
□President		Director			
□Vice President		□ President			
Secretary	□Treasurer	□Vice President			
Other		☐ Secretary	☐Treasurer		
	Other	Other	Other		
□Chairman	Name:	Mou:			
	Address:		Name:		
Director			Address:		
□President		Director			
□Vice President		□President _			
☐ Secretary		□ Vice President			
Other	□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 your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director significant signific					
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 s.817.155, F.S. Rosa M. Maldovado					
···· ——— /)	(Typed or printed name and capacity of person signing application)				

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 101 Inc.

Date Filed: 03/08/1952

File Number: L-943

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/16/2023

Steve Simon

Secretary of State State of Minnesota