## F2300000546/

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Pertified Copies Certificates of Status						
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## **COVER LETTER**

TO:	Division of Corporations						
SUBJ	ECT: RENDER COR	PORAMON					
3000	Name of corporati	on - must include suffix					
Dear S	ir or Madam:						
"Certif	closed "Application by Foreign Corporation f icate of Existence," or "Certificate of Good Streferenced foreign corporation to transact busing	anding" and check are subr					
Please	return all correspondence concerning this mat	ter to the following:					
	SLANNA	NORCELL					
	Name	of Person					
	RENDER C	ORPORATION!	\				
		ompany					
	26562 MA	MBRINO					
	Ad	dress	0 4 4 6 1				
	MISSONVIE	dress  D  A  and Zip code	12691				
	City/State	e and Zip code					
	WUDDUCT 12		<b>U</b> (				
	E-mail address: (to be use	d for future annual report ne	otification)				
For fur	ther information concerning this matter, pleas	e call:					
J	JANDA NORRELLA, 67	0,200-504	4				
	Name of Person Area C		one Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314				
Please 1	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTME .00 Filing Fee   \$78.75 Filing Fee & Certificate of Status	NT OF STATE  \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 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) (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PALERYO

AMORADA, Florida 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)

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	1			
□Chairman	Name: DHANNON NORRIELL	☐ Chairman	Name:	
□Vice Chairman	Address: 26562 MAMBRIND	□Vice Chairman	Address:	
□Director	MISSION VIETO, CA	□Director		
<b>X</b> President	92691	□President	_	· · · · · · · · · · · · · · · · · · ·
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Оtheт	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:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	<del></del>	□Director		
☐ President		President		
□Vice President	<del></del>	□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
Other	Other	Other		Other
12. The officer or direct	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departmen  Signature of Director or ctor signing this document (and who is listed in number alse information submitted in a document to the Department.)	t of State Annual Re Officer  I I above) affirms th	at the facts stated	herein are true and that he or
s.817.155, F.S.	142200 NORREIL P	RESIDE	VT	

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RENDER CORPORATION**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/26/1997, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202308253905528

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/25/2023.

FRANCISCO V. AGUILAR Secretary of State