79900000 2657 TRANSMITTAL LETTER

Qualification/Tax Lien Section To: Division of Corporations SUBJECT: REMAUD ASSET MANAGEMENT ADVISORS, INC. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: RENAUD ASSET MANAGEMENT ADVISORS INC. (Firm/Company) GARDENIA DR -05/10/99---01108--002 Should you need to call someone concerning this matter, please call: RENAUD at (Sb1) 625-3514

(Area Code & Daytime Telephone Number) **MAILING ADDRESS:** STREET ADDRESS: Qualification/Tax Lien Section Oualification/Tax Lien Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$87.50 Filing Fee, ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy 54.24-99



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 12, 1999

DONNA RENAUD RENAUD ASSET MANGEMENT ADVISORS, INC. 4435 GARDENIA DR PALM BEACH GARDENS, FL 33410

SUBJECT: RENAUD ASSET MANGEMENT ADVISORS, INC.

Ref. Number: W99000011074

We have received your document for RENAUD ASSET MANGEMENT ADVISORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 999A00025932

99 MAY 24 PM 3: 56 SECRETARY OF STATE

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.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. Delaware 3. 65-689888 (State or country under the law of which it is incorporated) 4. February 25, 1999 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Expect 1st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 4435 GARDEN (A DR. PALM BEACH CARDENS, PL 33410) (Current mailing address)
natural person or partnership if not so contained in the name at present.) 2. Delaware 3. 65-6898388 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. February 25, 1999 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Expect 1st Transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 4435 GARDEN (A DR. PALM BEACH GARDENS, FL 33410
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PALM BEACH GARDENS, FL 33410
(Carron manual marion)
8. INVESTMENT MANAGEMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable
% ≥ 2 =
Name: DONNA RENAUD
Name: DOUDA RENAUD
Office Address: 4435 GARDENIA DR.
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<u></u>
(Zip code)
10. 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. 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.

Address: _	4435	GARDENIA	DR.	, PAZM	BEACH GARDENS	, FL	35410
Vice Chairn	nan:						
Address: _							
— Director: _							
Address: _							· · · · · · · · ·
— Director: _					,		
Address: _							
					BEACH GARDEN		
Vice Preside	ent:					······································	
Address: _						ALL AHE	YAM F
Secretary:						ŚŚĘĘ	ILED 24 PM
Address: _				·		FLORIC	<u> </u>
Treasurer:						A	
Address: _							
NOTE: If	necessary, y	ou may attach an adden	dum to the a	pplication listing	additional officers and/or directo	ers.	
13)///// (Signa	ture of Chairman, Vice		r any officer liste	ed in number 12 of the application	n)	
14. <u> </u>	ONNA	L. RENAUL	PRe	55/56W7	CHAIRMAN person signing application)		

State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RENAUD ASSET MANAGEMENT ADVISORS,

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

TWENTIETH DAY OF APRIL, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9695610

DATE:

04-20-99

3009797 8300