

**P16000006235**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000018178 3)))



H160000181783ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Royalty Administration International, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
16 JAN 22 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 JAN 22 AM 10:39  
CORPORATION

### COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Royalty Administration International, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Maarten Leuns

Name (Printed or typed)

Naaldwijkseweg 350

Address

2691 PZ 's-Gravenzande, The Netherlands

City, State & Zip

239-278-9917

Daytime Telephone number

maarten@royalty-adm-int.nl

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

FILED

16 JAN 22 PM 12:20

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE I NAME  
The name of the corporation shall be: Royalty Administration International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10501 Ben C. Pratt Six Mile Cypress Pkwy., Suite 103

Fort Myers, FL 33966

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maarten Leune, Director

Name and Title:

Address Naaldwijkstraeweg 350

Address:

2691 PZ 's-Gravenzande

The Netherlands

Name and Title: Maarten Leune, Pres., Sec'y, and Treas.

Name and Title:

Address Naaldwijkstraeweg 350

Address:

2691 PZ 's-Gravenzande

The Netherlands

Name and Title:

Name and Title:

Address

Address:

1/22/2016 10:04:12 AM From: To: 8506176381( 4/4 )

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sam Rizzi  
Address: 10501 Ben C. Pratt Six Mile Cypress Pkwy.  
Suite 103, Fort Myers, FL 33966

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sam Rizzi  
Address: 10501 Ben C. Pratt Six Mile Cypress Pkwy.  
Suite 103, Fort Myers, FL 33966

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Sam Rizzi*  
Required Signature/Registered Agent

1/21/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Sam Rizzi*  
Required Signature/Incorporator

1/21/16  
Date

16 JAN 22 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA