F2500000952

(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 Filing Officer:

Office Use Only



900442652719

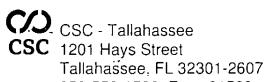
025 FEB 17 AM 9: 16

APPROVED

Section 17 Ends 2: 28

FEB 1 7 2925

K. Brumbley



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 02/17/25 Order #: 1826825-1

Re: RGM CONSULTING U.S., INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

rest de man

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

•

COVER LETTER

_	stration Section ion of Corporations				
SUBJECT:	RGM CONSULTING U.S.,	INC.			
JODALE I.	Name	of corporation	- must i	nclude suffix	
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stan	ding" ar	id check are subn	
Please return	all correspondence concern	ing this matter	to the fe	ollowing:	
Lola Danlos					
		Name of I	Person	- ,,	
RGM CONSU	ILTING U.S., INC.				
		Firm/Com	pany		
1024 Lenox A	venue Unit 4				
		Addre	ess.		· —
Miami Beach	Florida 33139				
		City/State ar	nd Zip c	ode	
lola.danlos@r	gmconsultancy.com				
	E-mail addres	s: (to be used f	or future	e annual report no	otification)
For further in	formation concerning this n	natter, please e	all:		
Lola Danlos		at (201)	973-5978	
Nam	e of Person	Area Code	2	Daytime Teleph	one Number
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 819 hassee, FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	check for the following am neck payable to: FLORIDA D ing Fee	EPARTMENT 1g Fee &	\$78.75	ATE Filing Fee & ied 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.

1	TING U.S., INC.	_			
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED." "C	COMPANY," "CORPORATIO	ON,"	
(If name unavaila	able in Florida, enter alternate corporate na	me adoj	oted for the purpose of transact	ing business in Florida)	
DELAWARE 2.		3			
2. (State or country under the law of which it is incorporated))	(FEI number, if applicable)		
4. 1/22/2025		5.			
(Date	of incorporation)		(Date of duration, if other than perpetual)		
6.					
	(Date first transacted busine (SEE SECTIONS 607,1501 & 60			ility)	
7,	nue Unit 4, Miami Beach, Florida 33139 (Principal	office <u>s</u>	treet address)		
	(Current ma	ailing ac	ldress, if different)	~	
8. Name and stree	et address of Florida registered agent: ((P.O. B	ox NOT acceptable)	2025 FEB	
Name:	Corporation Service Company		_	は、日間に	
Office Address:	1201 Hays Street		_		
	Tallahassee		Florida 32301	<u></u>	
	(City)		(Zip code)		

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.

Steven Amoroso
Asst. Secretary of
Corporation Service Company
(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.

Docusign Envelope ID: 69F462F8-51E5-4CE1-AF58-A2DEE7CD2CC6

s.817.155, F.S.

□Vice Chairman Address: □Vice Chairman Address: □Vice Chairman Address: □Vice Chairman Address: □Vice President □Vice Chairman Name: □Vice Chairman Address: □Vice President	A. DIRECTORS			
Director	□ Chairman	Name:	□Chairman	Name: Pim Kneepkens
Director	☐Vice Chairman	Address:	□Vice Chairman	
Vice President	■Director	Jongeneelwef 25, 3513 DD Utrecht, NL	■Director	Jongeneelwef 25, 3513 DD Utrecht, NL
Secretary	□President		□President	,
Other	□Vice President		□Vice President	
Chairman Name:	☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer
Ovice Chairman Address: Ovice Chairman Address: Ovice Chairman Address: Ovice Chairman Address: Ovice President Ovice Ovice President Ovice Ovice President Ovice Ovice President Ovice	□Other	□Other	□Other	Other
Ovice Chairman Address: Director Miami Beach, Florida 33139 USA Director Director President Ovice Ovice President Ovice Chairman Name: Ovice Chairman Name: Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Ovice President Ovice Presiden	□ Chairman	Lola Danlos Name:	□ Chairman	Name:
Director Miami Beach, Florida 33139 USA Director President President Vice President Vice President Secretary Treasurer Secretary Treasurer Other Other Other Other Other Director Director Director Director President Vice President President Vice President President Other Other Other Director Director Director Other Other Other Other Other Secretary Treasurer Other Other Other			□Vice Chairman	
Cheeresident			□Director	
Secretary	□President		□President	
Other	□ Vice President		□Vice President	
Chairman Name: Chairman Name: Vice Chairman Name: Other Othe	■ Secretary	■Treasurer	Secretary	□Treasurer
Vice Chairman Address:	Other		□Other	□Other
Vice Chairman Address:	□Chairman	Name:	□Chairman	Name:
Director			□Vice Chairman	
□ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □			Director	
☐ Secretary ☐ Treasurer ☐ Other ☐ Other ☐ Other ☐ ☐ ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□President		□President	
Other	□Vice President		□Vice President	
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. 12. Local Dattos Signature of Director or Officer Signature of Director or Officer	□ Secretary	□Treasurer	□Secretary	□Treasurer
individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Lota Dallos Signature of Director or Officer Signature of Director or Offic	□Other	Other	□Other	Other
12. Lda Dawlos Signature of Director or Officer	individuals may be			
	12. Lola Danl	Signature of Director	r or Officer	
				at the facts stated herein are true and that he or

13. Lola Danlos, Managing Director, US, Secretary and Treasurer

(Typed or printed name and capacity of person signing application) OUAL-146332

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "RGM CONSULTING U.S., 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 FOURTEENTH DAY OF FEBRUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RGM CONSULTING

U.S., INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JANUARY,

A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 202941192

Date: 02-14-25