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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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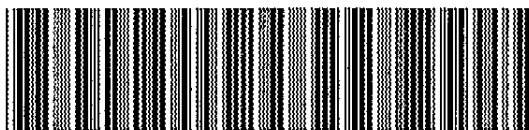
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 APR -5 PM 3:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR 14 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RAGAIN FINANCIAL INCORPORATED**
(Name of corporation - must include suffix)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

CHRISTOPHER G. RAGAIN

(Name of Person)

RAGAIN FINANCIAL INCORPORATED

(Firm/Company)

6839 PORTO FINO CIRCLE

(Address)

FORT MYERS, FL 33912

(City/State and Zip code)

For further information concerning this matter, please call:

CHRISTOPHER RAGAIN

(Name of Person)

at (**312**) **222-5626**

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.

1. RAGAIN FINANCIAL INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

RAGAIN FINANCIAL FLORIDA INCORPORATED

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS

(State or country under the law of which it is incorporated)

3. 20-0286920

(FEI number, if applicable)

4. OCTOBER 23, 2003

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 401 N. MICHIGAN AVE. SUITE 1200 CHICAGO, IL 60611

(Principal office address)

401 N. MICHIGAN AVE. SUITE 1200 CHICAGO, IL 60611

(Current mailing address)

8. FINANCIAL PLANNING, TAX SERVICES

(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)**

Name: CHRISTOPHER RAGAIN

Office Address: 6839 PORTO FINO CIRCLE

FORT MYERS

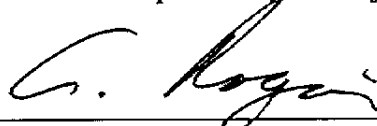
(City)

, Florida 33912

(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)

4-2-04

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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: **CHRISTOPHER G. RAGAIN**

Address: **440 N. WABASH, 1108**
CHICAGO, IL 60611

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: **CHRISTOPHER G. RAGAIN**

Address: **440 N. WABASH, 1108**
CHICAGO, IL 60611

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

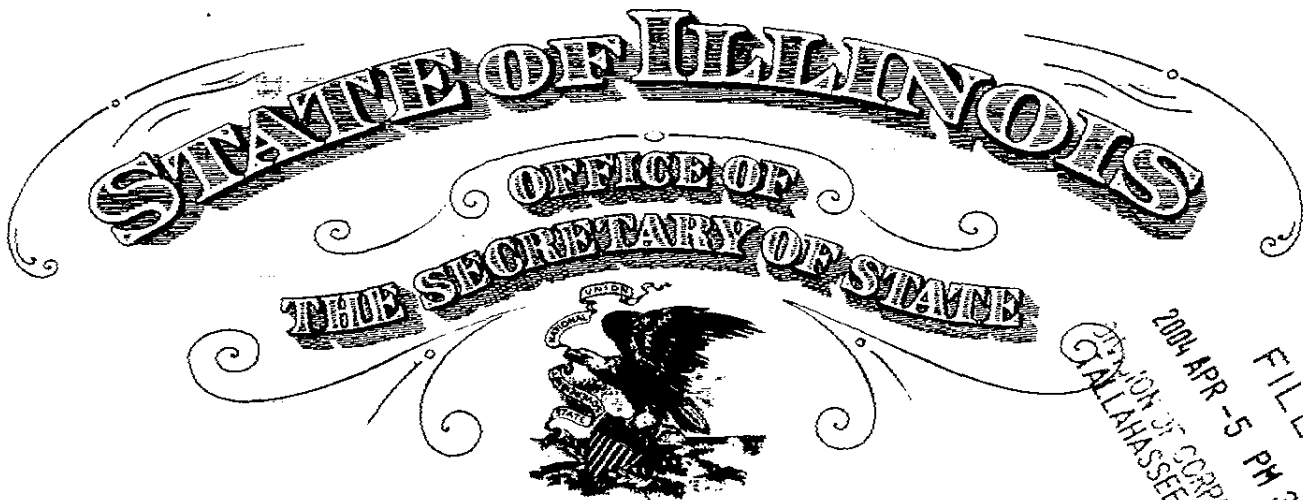
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *C. Ragain* President
(Signature of Director or Officer listed in number 12 of the application)

14. **CHRISTOPHER G. RAGAIN, PRESIDENT**
(Typed or printed name and capacity of person signing application)

File Number

6315-621-3



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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

RAGAIN FINANCIAL INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 23, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this
9TH
day of FEBRUARY A.D. 2004

Jesse White

SECRETARY OF STATE