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PICK-UP WAIT MAIL	M. HODGES
(Business Entity Name)	05 (00 top 0) 000 (00) 44 (0 00)
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W 39053

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: C. A. G., 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:				
Robin Glenn				
Robin Glenn (Name of Person)				
R. A. G., Inc. (Firm/Company)				
2897 PGA Blvd.				
(Address)				
Navarre, FL 32566 (City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
01: //				
Robin Glenn at (850) 699-2332 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section Division of Corporations Division of Corporations				
409 E. Gaines St. P.O. Box 6327				
Tallahassee, FL 32399 Tallahassee, FL 32314				
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee \$ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status & Certified Copy				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 22, 2005

ROBIN GLENN R.A.G., INC. 2897 PGA BLVD. NAVARRE, FL 32566

SUBJECT: R.A.G., INC.

Ref. Number: W05000039652

We have received your document for R.A.G., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate name is also unavailable.,

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) 245-6967.

Letter Number: 605A00053239

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, REGISTER A FOREIGN CORPORATION TO				
1. R.A.G. Trc: (Enter name of corporation; must include "INCO		· · · · · · · · · · · · · · · · · · ·		_ · · · · · · · · ·
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ORFORATED, CC	MITANY, CORPORA	ITON,	
(If name unavailable in Florida, enter alternate of	Oelaw	ed for the purpose of tran	eacting husiness in Florida)	-
2 Delaware	3	58-24738	705	
(State or country under the law of which it is income. $06 - 1999$	5	(FEI number, i		_
(Date of incorporation) 6. <u>Upon legistration</u>	•	ration: Year corp. will ce	ase to exist or "perpetual")	
(SEE SECTIONS 607.	.1501 & 607.1502, F.	da, if prior to registration S., to determine penalty I	iability)	
	-p 011100 1000)	rre, FL	_	<u>.</u>
	Navar ent mailing address)	re, FL 3	2566	-
8. Clerical Servi	ces			
(Purpose(s) of corporation authorized in h	•		of Florida)	-
9. Name and <u>street address</u> of Florida registere Name: Lobin Glen	-	NOT acceptable)	SEP -	i E
Office Address: 2897 PGA			7 PA 4:	_]
Navarre,		, Florida <u>32566</u> (Zip code)	STATE ORIDA	, , ,
10. Registered agent's acceptance: Having been named as registered agent and to	o <i>accent service o</i> f:	process for the above s	tated cornoration at the	nlace
designated in this application, I hereby accept further agree to comply with the provisions of	t the appointment a fall statutes relative	s registered agent and to the proper and con	agree to act in this capac	city. I
and I am familiar with and accept the obligati			·	

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman: Robin Glenn	
Vice Chairman: NA	
Address:	
Director: N/A	
Address:	
Director: NA	
Address:	<u>and the second </u>
	<u> </u>
B. OFFICERS	
President: Robin Heww	
Navarre, FL 32566	
	the state of the s
Address:	
Secretary:W/A	
Address:	
Treasurer: NA	
Address:	e e e e e e e e e e e e e e e e e e e
NOTE: If necessary, you may attach an addendum to the app	plication listing additional officers and/or directors.
(Signature of Director or Officer listed	in number 12 of the application)
(Signature of Director or Officer listed	/ ^
(Typed or printed name and capacity	



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "R.A.G. 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 ELEVENTH DAY OF AUGUST, A.D. 2005.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4086288

DATE: 08-11-05

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