

FO 6000004149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

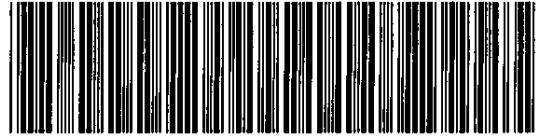
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/06--01023--003 **78.75

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TALLAHASSEE, FLORIDA

J. Shivers JUN 15 2006

19202-903
606-20261



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

April 24, 2006

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Certificate of Authority
STATE OF FLORIDA

Please issue a Certificate of Authority to Ramon Inc. so that the organization can transact business in the Florida. Enclosed are the following:

1. Application for Certificate of Authority
2. Certificate of Existence
3. Chubb Licensing Services check in the amount of \$78.75

If there is any need for this application to be returned, please return to:

Chubb Licensing Services LLC
15 Mountain View Road
Warren, NJ 07059
ATTN: Steve Lawrence

Thank you for your cooperation.

Steve Lawrence
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2367

Encl.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ramon 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:

Steve Lawrence

(Name of Person)

Chubb Licensing Services LLC

(Firm/Company)

15 Mountain View Road

(Address)

Warren, NJ 07059

(City/State and Zip code)

For further information concerning this matter, please call:

Steve Lawrence

(Name of Person)

at (908) 903-5760

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Ramon International Insurance Brokers, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 13-3225226
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/14/84 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 142 Mineola Avenue Suite 3D Roslyn Heights, NY 11577
(Principal office address)

142 Mineola Avenue Suite 3D Roslyn Heights, NY 11577
(Current mailing address)

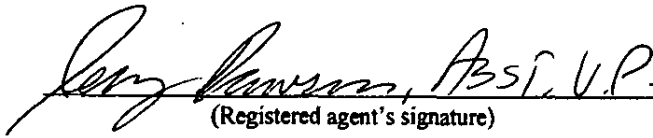
8. Insurance Agency
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Iris Abekassis

Address: 142 Mineola Avenue Suite 3D Roslyn Heights, NY 11577

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

Iris Abekassis

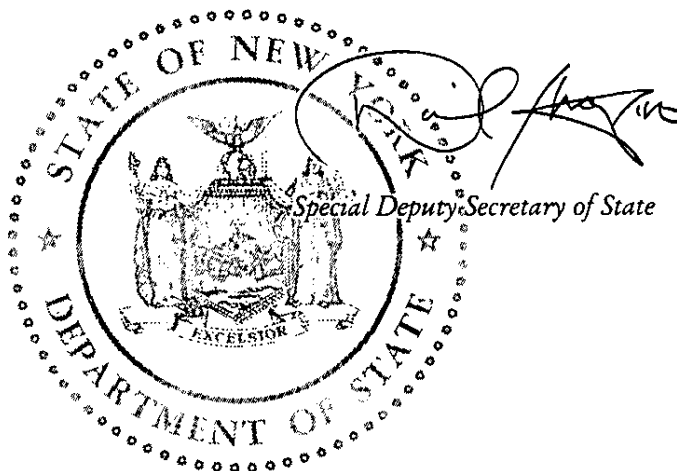
14. _____

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of RAMON INC. was filed on 02/14/1984, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 12th day of April two
thousand and six.*



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