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COVER LETTER

	O: Registration Section Division of Corporations							
SURJEC	T. RUSSELI	L ADVISORY GROU	IP, INC.					
DODGII.				- must include suffix				
Dear Sir o	or Madam:							
"Certifica	ite of Existenc		f Good Stand	Authorization to Transac ding" and check are sub- is in Florida.				
Please ret	urn all corresp	ondence concernin	g this matter	to the following:				
МІСНАЕІ	L E. H. RUSSE	LL						
RUSSELL	. ADVISORY (GROUP, INC.	Name of F	Person				
208 LIVE	OAK LANE		Firm/Comp	pany				
LARGO, I	FL 33770-4010		Addre	SS				
michaelrus	ssell@ragadvis		City/State ar	d Zip code				
		E-mail address:	(to be used f	or future annual report n	otification)			
For further	er information	concerning this ma	tter, please c	all:				
MICHAEL RUSSELL		727	243-1958					
1	Name of Perso		t (Area Code	_) Daytime Teleph	none Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed	is a check for	the following amou	ınt:					
□ \$70.00	0 Filing Fee	□ \$78.75 Filing Certificate of		\$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. RUSSELL ADVISORY GROUP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DELAWARE 3. 82-2558193
(State or country under the law of which it is incorporated) 2 DELAWARE (FEI number, if applicable) (Date of duration, if other than perpetual) 4. August 14, 2017 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 208 LIVE OAK LANE, LARGO, FL 33770-4010 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street _____ Office Address: _____, Florida <u>32301</u> Tallahassee (City) 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.

Corporation Service Company

By: Charly Eck-Asst W (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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: MICHAEL E. H. RUSSELL	_
Address: 208 LIVE OAK LANE	
LARGO, FLORIDA 33770-4010	
Vice Chairman: MARY M. RUSSELL	
- Address: 208 LIVE OAK LANE	
LARGO, FLORIDA 33770-4010	
Director: MICHAEL LANCE RUSSELL	
Address: 9834 WINDLEDGE	
DALLAS, TEXAS 75238	
Director: KELLEY A. RUSSELL	
Address: 9834 WINDLEDGE	
DALLAS, TEXAS 75238	
√B. OFFICERS	
President: MICHAEL E. H. RUSSELL	
Address: 208 LIVE OAK LANE	
LARGO, FLORIDA 33770-4010	
Vice President: MARY M. RUSSELL	
Address: 208 LIVE OAK LANE	
LARGO, FLORIDA 33770-4010	_
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12	
12	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.	
13. MICHAELE, H. RUSSELL. (Typed or printed name and capacity of person signing application)	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RUSSELL ADVISORY GROUP, 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 SECOND DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RUSSELL ADVISORY GROUP, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2017.

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



Authentication: 203823800

Date: 11-02-18

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