

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000000805 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 : (302)575-0875

Fax Number

: (302)575-1642

\*\*Enter the email address for this business entity to be used for fifther to annual roport mailings. Enter only one email address pleaso.\*\*

Email Address:

# FOREIGN PROFIT/NONPROFIT CORPORATION RISER FINANCE, INC.

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#### H19000000805 3

### 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.

(If name unavail	able in Florida, enter alternate corporate name adop	ted for the nursuse of transacting husiness	in Clorida	_
DELAWARE 2.	3	ten tot the harbese of amounting onsulers	in i torigu	,
(State or country 12/18/2018	y under the law of which it is incorporated)  5.	(FEI number, if applicable)		
	(Date of incorporation) (Date of duration, if other than per UPON QUALIFICATION			19 J
6404 Manatee	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Ave w Suite M, Bradenton, FL, 34209	F.S., to determine penalty liability)	JASSARI ASPLA	JAN-2
(Principal office address)			AH SS:	
	(Current mailing ad	dress, if different)		<b>52</b>
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Be AGEN'IS AND CORPORATIONS, INC.	ox <u>NOT</u> acceptable)		
Office Address:	300 FIFTH AVENUE SOUTH, STE 101-330	•		
	NAPLES	34102 , Florida		
	(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. 1 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.

3 y - (Stu for Ithour fre (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.

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Fruecessary, you may attach an addendum to the application listing additional	officers and/or direct	iors.	
Signature of Director or Officer	firms that the facts st		- <u>-</u>



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RISER FINANCE, 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 JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISER FINANCE, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018.

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

at corp.delaware.gov/autr

Authentication: 202003031

Date: 01-02-19