

FR000001971

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2019

MOLLY SCHWARZHOFF
901 17TH STREET NE
CEDAR RAPIDS, IA 52402

SUBJECT: RAY ASSOCIATES, INC.
Ref. Number: W19000035082

We have received your document for RAY ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The alternate name needs a profit corporate suffix.,

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00007423

2019 APR 12 PM 12:11



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2019

MOLLY SCHWARZHOFF
901 17TH STREET NE
CEDAR RAPIDS, IA 52402

SUBJECT: RAY ASSOCIATES, INC.
Ref. Number: W19000035082

We have received your document for RAY ASSOCIATES, INC. and your check(s) totaling \$70.00. 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.

The document number of the name conflict is L05000046960.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00006865

10:17

COVER LETTER

TO: Registration Section
Division of Corporations
Ray Associates, Inc.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:
Molly Schwarzhoff

_____	Name of Person
Ray Associates, Inc.	
_____	Firm/Company
901 17th Street NE, P.O. Box 10045	
_____	Address
Cedar Rapids, IA 52402	
_____	City/State and Zip code
glr@rayassoc.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Schwarzhoff	319	393-3115
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone 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 amount:

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & _____ ☐ \$78.75 Filing Fee & _____ ☐ \$87.50 Filing Fee, _____

**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.*

Ray Associates, Inc.

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

Ray & Associates Educational Search Firm, Inc.

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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/17/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
901 17th Street NE, Cedar Rapids, IA 52402

7. _____
(Principal office address)
P.O. Box 10045, Cedar Rapids, IA 52410

(Current mailing address, if different)

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

Name: Amy Kneessy

1806 Parkside Place

Office Address: _____
Indian Harbour Beach 32937
_____, 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. 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of Banking and Finance, State of Florida, for filing with this application.

2019 APR 29 AM 8:34

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

A. DIRECTORS

Chairman: Anne Marie Moran
6707 Cedar View Court NE
Address: Cedar Rapids, IA 52411

Vice Chairman:
Address:

Director:
Address:

Director:
Address:

B. OFFICERS

President: Anne Marie Moran
6707 Cedar View Court NE
Address: Cedar Rapids, IA 52411

Vice President:
Address:

Secretary:
Address:

Treasurer:
Address:

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

12. Anne Marie Moran
Signature of Director or Officer

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 constitutes a third degree felony as provided for in s.817.155, F.S.

13. Anne Marie Moran Director
(Typed or printed name and capacity of person signing application)

IOWA

SECRETARY OF STATE CERTIFICATE OF EXISTENCE

Issue Date: 3/29/2019

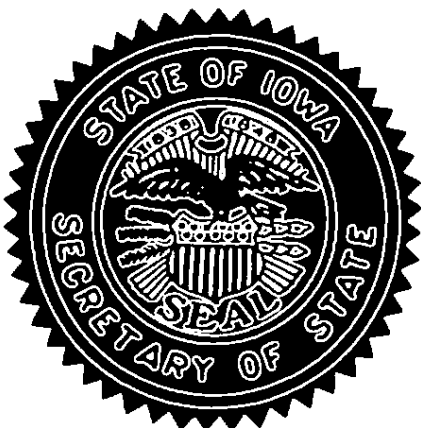
Name: RAY ASSOCIATES, INC. (490 DP - 556455)

Date of Incorporation: 10/12/2017

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.



A handwritten signature in black ink, reading "Paul D. Pate". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

PAUL D. PATE SECRETARY OF STATE



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