F20000003855

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Social Manager,
Certified Copies Certificates of Status
Gertified Copies Gertificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	_	tration Section on of Corporations			
SUBJ	FCT.	Creative Family Office Inc			
3003	ECT.	Name o	f corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	icate o		of Good Stand	authorization to Transact Business in Flori ling" and check are submitted to register the s in Florida.	
Please	return	all correspondence concerni	ng this matter	to the following:	
Ruth G	ioran				
		·	Name of P	erson	
			Firm/Comp	pany	
8631 K	Cecler A	ve			
			Addre	SS	
Skokie	, IL 600	76			<u> </u>
			City/State an	d Zip code	2001-117
ruthgo	rancpa@)gmail.com			·
		E-mail address	; (to be used fo	or future annual report notification)	
For fur	rther in	formation concerning this m	atter, please ca	ill:	 ;
Ruth Goran			847	287-7832	6.
TOTAL C		e of Person	at (Area Code	_)	 . \
	Nam	e of reison	Area Code	Daytime retephone Number	
	Regis Divis The C	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	make ch	check for the following amo leck payable to: FLORIDA DE ing Fee	EPARTMENT g Fee & 🗆	OF STATE \$78.75 Filing Fee & S87.50 Filin Certified Copy Certificate of Certified Co	of Status &

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.

		e adopted for the purpose of transacting busine	ess in Florida)	
Illinois ——	y under the law of which it is incorporated)	83-4614174		
State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
15/01/2019	5	perpetual		
(Date	of incorporation)	(Date of duration, if other than per	petual)	
n/a				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
445 16th St. Api	1102, Miami Beach, FL 33139-2288			
		ffice street address)	<u></u>	
	(Current mail	ling address, if different)		
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	•~)	
	Uri Ratner		57.0	
Name:				
	1445 16th St. Apt 1102		-	
fice Address:	Miami Beach	, Florida 33139-2288 (Zip code)		
fice Address:		(51)		
ice Address:	(City)	(Zip code)	:	
	(City) ent's acceptance:	(Zip code)	: ˈ <u>ଫ</u>	

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.

A. DIRECTORS					
Chairman	Name:	Chairman	Name: Uri Ratner 1445 16th. apt 1102 Address: Miami Beach, FL 33139-2288		
□Vice Chairman	Address: 8631 Keeler Ave	□Vice Chairman			
Director	Skokie, IL 60076	Director			
□President		□President			
□ Vice President		□Vice President	<u> </u>		
☐ Secretary	□Treasurer	Secretary		□Treasurer	
Other	○Other	□Other		Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐Secretary	□Treasurer	Secretary		Treasurer	
Other	Other	(1) Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			37.91
□President		□President			-
□Vice President		□Vice President			-
Secretary	□Treasurer	Secretary		□Treasurer	÷ ë
□Other	Other	Other		□Other	<u>::</u>
individuals mayb	Use an attachment to report more than six (6). The eadded to the index when filing your Florida Depa	rtinent of State Annual Re		purposes only. No	n-indexed
The officer or dire	ector signing this document (and who is listed in nu		at the facts sta	ted herein are true a	and that he or
	alse information submitted in a document to the De				
13	Uri Ratner				



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CREATIVE FAMILY OFFICE INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 01, 2019. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of AUGUST A.D. 2020 .

Authentication #: 2022501466 verifiable until 08/12/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE