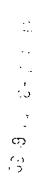
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(Ř	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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	gistration Se vision of Co					
SUBJECT	Γ: Red Oak	Commodity Adviso	ors, Inc.			
		Name	of corporatio	n - mus	st include suffix	
Dear Sir or	Madam:					
"Certificate	of Existenc		of Good Sta	nding"	and check are sub	ct Business in Florida," mitted to register the
Please retur	n all corres	pondence concern	ing this matte	r to the	following:	
Gary Gerste	in					
			Name of	Persor	1	···
Red Oak Co	mmodity Ad	visors, Inc.				
			Firm/Co	npany		
7965 Fisher	Island Dr					
			Add	ress		
Miami Beac	h, Florida, 33	3109				
	·		City/State	and Zip	code	
redoakcomn	nodity@gmai					
		E-mail address	s: (to be used	for futt	ure annual report r	notification)
For further	information	concerning this n	natter, please	call:		
Oliver Cosh	ow		201 at () 22	0-2547 Daytime Telepl	
Na	me of Perso	n	Area Co	de	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check payabl	the following amore to: FLORIDA D: \$78.75 Filing Certificate of	EPARTMEN ig Fee & - [□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 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.

Red Oak Comm	nodity Advisors, Inc.		
	corporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If nome unevail	oble in Clorida enter alternative comments and and	and for the second form	air again Plantala
	able in Florida, enter alternate corporate name ad-		•
2. Delaware	3	Tox ID: 22-2862711	
	ry under the law of which it is incorporated)	(FEI number, if applica	ible)
4	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
77965 Fisher Islan	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) ad Drive, Maimi Beach, FL, 33109 (Principal office	F.S., to determine penalty liability)	
	(Current mailing a	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	<u>-</u>
Name:	Gary Gerstein		
Office Address:	7965 Fisher Island Dr	_	, -
	Miami Beach	, Florida	ئ
	(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.

(Registred 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.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name: Phyllis Weaver
□Vice Chairman	7965 Fisher Island Dr Address:	□Vice Chairman	Address: 7965 Fisher Island Dr
□Director	Miami Beach, FL	□Director	Maimi Beach, FL
President	33109	□President	33109
□Vice President		□Vice President	
☐ 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	□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	□Other	□Other
The officer or direc	tor agning this document (and who is listed in number lse information submitted in a document to the Departm	of State Annual Re Officer	port form. at the facts stated herein are true and that he or

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RED OAK COMMODITY ADVISORS, 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 TWENTY-SIXTH DAY OF JANUARY,

A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED OAK

COMMODITY ADVISORS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY

OF DECEMBER, A.D. 1987.

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

Authentication: 202369044

Date: 01-26-21

2148069 8300 SR# 20210224307