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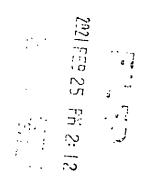
Office Use Only



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3/12/

## . COVER LETTER

TO:		tration Section ion of Corporations							
SUBJ	ECT:	Radagast & Roac Inc							
0000		Name of corporation - must include suffix							
Dear S	ir or M	adam:							
"Certif	icate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standi	ng" and check are submitt					
Please	return	all correspondence concerni	ng this matter to	o the following:					
Ruth G	oran				-	2021			
Ruth G	oran CF	°A	Name of Pe	erson		E 25 5	=		
	-		Firm/Comp			<del></del>	<del></del> -		
8631 K	eeler A	ve	T min Comp.		lica	TC (			
			Addres	s	י - די				
Skokie	. Illinois	60076				2			
		· · · · · · · · · · · · · · · · · · ·	City/State and	l Zip code					
ruthgor	ancpa@	gmail.com							
		E-mail address	: (to be used for	r future annual report notif	fication)				
For fur	rther in	formation concerning this m	atter, please cal	II:					
Ruth G	oran		847 at (	) 287-7832 Daytime Telephon					
	Nam	e of Person	Area Code	Daytime Telephon	e Number				
	Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations				
Please	make ch	check for the following amoneck payable to: FLORIDA DE ing Fee	EPARTMENT ( g Fcc &		□ \$87.50 F Certifica Certified	ite of S	status 8		

### 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.

Radagast & Ros	ac Inc					
	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	)N,"			
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transact	ing business	s in Flo	rida)	
2. Illinois	3					
(State or count	ry under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)			
4. 11-23-2009	5.					
(Date	e of incorporation) 5	(Date of duration, if othe	(Date of duration, if other than perpetual)			
6. <del>2-12-21</del>						
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502.		ility)	2021		
7	#1101, Miami Beach, Florida 33139			tui Lti	ر. ک <u>ي</u>	
	(Principal office	itreet address)		3 25	<u>.</u>	
	(Current mailing a	ddress, if different)	11 to 21 to 20 to	) 	ر ر	
8. Name and stre	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)		2		
Name:	Uri Ratner	_				
Office Address:	1445 16th Street, #1101	_				
	Miami Beach	, Florida				
	(City)	(Zip code)				
	ent's acceptance: ned as registered agent and to accept service of	of process for the above stat	ed corpora	ition as	the pl	

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.

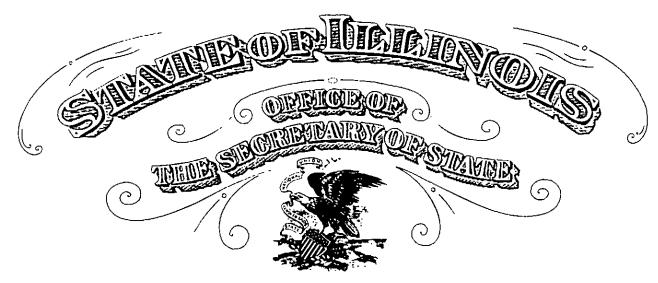
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of 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:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Miami Beach, FL 33139	□Director	Miami Beach, Fl 33139				
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	202				
□Vice President		□Vice President	<u> </u>				
□ Secretary	□Treasurer	Secretary	∵				
□Other	Other	Other					
			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2				
□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				
	Use in attachment to report more than six (6). The attachment to report more than six (6). The attachment and the index when filing your Florida Department						
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.  Uri Ratner President							

#### File Number

6736-064-8



#### 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

RADAGAST & ROAC INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 23, 2009, 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 FEBRUARY A.D. 2021 .

Authentication #: 2104301484 venfiable until 02/12/2022

Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE