Page:	2	of	5
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2022-11-16 11:18:00 CST

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To:

Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM

Account Number	:	FCA00000023
Phone	:	(954)208-0845
Fax Number	:	(614)573-3996

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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FOREIGN PROFIT/NONPRO Ravix Financia	l, Inc.	DZ2 NOV
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NOV 1 7 2022

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.

Ravix Financial, Inc.

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

(If name unavail			
Delaware	j,	4-3373019	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
8/28/2000	5.		
(Date	of incorporation)	(Date of duration, if other	(than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liabi	lity)
	+ 021 - Can Jama C + - 05110		
220 Altport PKW	y #400, San Jose CA 95110		
226 Alrport PKW	(Principal office	street address)	
226 Airport PKW	(Principal office		
220 Alipon PKW	(Principal office	<u>street</u> address) address, if different)	202
	(Principal office (Current mailing	address, if different)	2022 NO
	(Principal office	address, if different)	2022 NOV 1
	(Principal office (Current mailing	address, if different)	2022 NOV 16
Name and <u>stre</u> Name:	(Principal office (Current mailing et address of Florida registered agent: (P.O.	address, if different)	16 AH
Name and stre	(Principal office (Current mailing et address of Florida registered agent: (P.O. C T Corporation System	address, if different)	- 6

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.

By,	By:	C T Corporation System by Kaity Toon, Asst Sec	Hai tour
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(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.

11. For mitial indexing purposes, fist names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

To:

To:

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2022-11-16 11:18:00 CST

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From: David Thomas

A. DIRECTORS				
Charman	Debetimi Okah Name	□ Chairman	Name:	John T. Fitzgerald
□Vice Chairman	226 Airport Pkwy #400, Address.	□Vice Chairman	Addres	10 S. Riverside Plaza.
Director	San Jose CA 95110	Director	Suite 120	
President		President	Chicag	u IL 60606
OVice President		ElVice President		
Secretary	[]Treasure:	□Secretary		[]]Treasurer
⊡0ther]Other	Other]Other
□ Chairman	Kent A. Hansen Name:	□ Chairman	Name.	
	10 S. Riverside Plaza Address.	□Vice Chairman	Addres	SS:
Director	Suite 1520	Director		
□President	Chicago II., 60606	□President		
		□Vice President		
⊡Secretary	Treasurer	Secretary		Treasurer
🗆 Oilber	二 〇(her	Other		Other
⊡Chairman	Name	□ ('hairman	Name:	
	Aduress:			\$5°
Director				······································
DPresident		DPresident		······
⊡Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·
Secretary	Treasure	DSecretary		Treasurer
Other	Other	🗆 Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.

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 \$817,155, F.S.

Debetimi Okah, President



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAVIX FINANCIAL, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

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

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



b. Socretary of State

Authentication: 204863563 Date: 11-15-22

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SR# 20224025791 You may verify this certificate online at corp.delaware.gov/authver.shtml