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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500

Fax Number

: (800)432-3622

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION RAY CDP, INC.

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Help

COVER LETTER

	ion of Corporations Ray CDP, Inc.				
SUBJECT:	Name of corporation - must include suffix				
		orporation - in	ost tuorous summ		
Dear Sir or M	ladam:				
'Certificate o'	"Application by Foreign Corpor f Existence," or "Certificate of Co- aced foreign corporation to trans-	Good Standing	" and check are submitted	ness in Florida," to register the	
Please return	all correspondence concerning t	this matter to t	he following:		
Caitlyn Knuds	on ,				
 _		Name of Pen	son		
Koenig, Oelsn	er, Taylor, Schoenfeld & Gaddis P	c			
		Firm/Compar	ıy		
999 18th Stree	et, Sulte 1740, South Tower			-	
		Address			
Denver, CO 8	0202				
		City/State and	Zip code		
cknudson@ko	ofirm com				
	E-mail address: (f	to be used for	future annual report notific	cation)	
For further in	nformation concerning this matt	er, please call	:		
Caitlyn Knuds	son at	(303	672-0115		
Nam	ne of Person	Area Code	Daytime Telephone	Number	
Regi Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassec in Monroe Street, Suite 810 shassee, FL 32303		MAILING ADDI Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on rations	
Enclosed is a Please make c \$70.00 Fi	check for the following amount heck payable to: FLORIDA DEF ling Fee S78.75 Filing Certificate of	Fee &		□ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

COVER LETTER

Division of Co				
UBJECT: Ray CD	P, Inc.			
OBJECT:	Name of corpore	stion - must incl	ude suffix	
Dear Sir or Madam:				
Certificate of Exister	cation by Foreign Corporation noe," or "Certificate of Good sign corporation to transact be	· Standing" and :	check are submitted	ness in Florida," to register the
lease return all corre	espondence concerning this n	natter to the foli	owing:	
Caitlyn Knudson				<u> </u>
	Nan	ne of Person		· .
Koenig, Oelsner, Taylo	or, Schoenfeld & Gaddis PC			
	Firm	п/Сотралу		ſ
999 18th Street, Sulte	1740, South Tower			· · · · · · · · · · · · · · · · · · ·
		Address		
Denver, CO 80202				
	City/	State and Zip co	xde	
cknudson@kofirm.co:			•	
	E-mail address: (to be	e used for future	annual report notif	ication)
For further informat	tion concerning this matter, p	please call:		
Caltlyn Knudson	at (672	0115	<u> </u>
Name of Pe	erson Ai	rea Code	Daytime Telephor	ne Number
Registration Division of The Centre 2415 N. Mo	COURIER ADDRESS: In Section Corporations of Tallahassee onroe Street, Suite 810 e, FL 32303	·	MAILING ADI Registration Sec Division of Cor P.O. Box 6327 Tulialiassoc, FL	tion porations
Enclosed is a check Please make check ps	c for the following amount: ayable to: FLORIDA DEPAR be	RTMENT OF S e & □ \$78	TATE 75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Ray CDP, Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp, * "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
Delaware	3.	88-4414248
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)
12/19/	2022 5.	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
		Florida, if prior to registration) 02, F.S., to determine penalty liability)
939 Hollywood F	Blvd.	
Deltona, FL 327	•	ce street address)
Dettoile, 1 E 321		g address, if different)
Name and stre	et address of Florida registered agent: (P.O.	
Name:	CAPITOL CORPORATE SERVICES, INC.	<u>. </u>
ffice Address:	515 PAST PARK AVENUE 2ND FL	
	TALLAHASSEE (City)	Florida 32301
	(City)	(Zip code)
laving been nan esignated in this esther garee to t	annlication. I hereby accept the appointm	re of process for the above stated corporation at the pia tent as registered agent and agree to act in this capacity clative to the proper and complete performance of my d cition as registered agent.
	Touglas Suzy	Taylor Seny, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
		, , , , , , , , , , , , , , , , , , ,
	(Registered agent's sig	ensturo)

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

A. DIRECTORS					
□ Chairman	Name: David DeMarsh	□ Chaiman	Neme:		
□ Vice Chairman	Address: 939 Hollywood Blvd.	□Vice Chalcman	Address: _	939 Hollywood Blvd.	
Director	Deltona, FL 32725	Director		F1. 32725	_
President		○President			
□Vice President		□ Vice President			_
☐Secretary	□Treasurer	Secretary		Treasurer	
Chief Ex	occutive office other	Other Chief Sal	es Office F	□Other	_
□ Chairmm	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	_
					1000
☐ Chairman	Name:	□ Chairman	Name:		
☐Vice Chairman	Address:	☐ Vice Chairman	Address: _		الانت.
□Director		Director			
☐ President		☐ President			::
□Vice President		☐Vice President			_
☐ Secretary	(i) Treasurer	Secretary		☐Tremurer	
Other	Other	□Other		□Other	_
<u>Important Notice:</u> individuals may be	Use on strachment to report more than six (6). The added to the index when flying your Florida Dep	e attachment will be image ariment of State Annual Re	d for reporti sport form.	ing purposes only, Non-Indexed	
12.	Signature of Dire	ctor or Officer			
she is aware that fi s.817,155, F.S. David DeMa	ctor algaing this document (and who is listed in a also information submitted in a document to the D arsh, Chief Executive Officer	umber 11 above) affirms th	es the facts : stas a third d	stated herein are true and that h legree felony as provided for in	e or
13.	(Typed or printed name and capacity of	person signing application	1)		_

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RAY CDP, 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-FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAY CDP, INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2022.

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

7196219 8300 SR# 20224331642

You may verify this certificate online at corp.delaware.gov/autover.shtml

Jeffrey W. Bullioth, Bearestry of Blade

Authentication: 205152591

Date: 12-21-22