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To:

Division of Componations Fax Number : (850)617-5383

From:

Account Name : SHARON ANY CO+ P.A. Account Number : 120188880097
Phone : (561)235-2118
Fax Number : (561)423-8745

. .

frEnter the email address for this business entity to be used for future annual report mailings, finter only one email address please. **

Seail Address: sharoncox@sacoxlaw.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Right Trac Financial Group, Inc.

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COVER LETTER

	tration Section ion of Corporations					
SHRIKCT	RIGHT TRAC FINANCI	AL GROUP, IN	VC.			
SCDJECI.	Nan	- ne of corporat	ion - must	include suffix	 -	
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign f Existence," or "Certificated foreign corporation to	ate of Good Si	tanding" ar	id check are sub		
Please return s	all correspondence conce	rning this mat	iter to the f	ollowing:		
GAIL J. PETR	OWSKY					وسرا
	title and the second	Name (of Person			,
RIGHT TRAC	FINANCIAL GROUP, INC					
		Firm/Co	ompany			
110 MAIN STI	REET					•
		Add	d:ess			-:
MANCHESTE						
		City/State	and Zip co	ode		<i>. .</i>
SHARONCOX	@SACOXLAW.COM					
	E-mail addre	ess: (to be use	d for future	алћиаI report r	notific	ration)
For further inf	ormation concerning this	matter, please	c call:			
SHARON COX	(ar (561	235-2	113		
Name of Person Area Co			ode	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			
lease make che	heck for the following arek payable to: FLORIDA is gree	DEPARTMENing Fee &	□ \$78.75	TE Filing Fee & ed Copy	æ	\$87.50 Filing Fee. Certificate of Status & Certified Copy

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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.

RIGHT TRAC FINANCIAL GROUP, INC.

N/A		
(If name unavai	lable in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)
CONNECTICE	m T	3 061384297
(State or count 11/16/1993	TY under the law of which it is incorporated)	(FE) number, if applicable) 5.
(Date	of incorporation)	5. (Date of duration, if other than perpetual)
NONE		
	(SEE SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
110 MAIN STRI	EET, MANCHESTER, CT 06042	12-1
	(Principal o	ffice street address)
110 MAIN STR	EET, MANCHESTER CT 06042	
	(Current mail	fing address, if different)
		·
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)
Name:	SHARON ANN COX, P.A.	·
ffice Address:	7154 N. UNIBVERSITY DRIVE, #283	·
	TAMARAC (City)	Florida 33321
	(City)	(Zip code)
iving been nam signated in this other agree to co	application, I hereby accept the appoint	vice of process for the above stated corporation at the pla tment as registered agent and agree to act in this capacit relative to the proper and complete performance of my d osition as registered agent.
	L.J.	signature)

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

(((H23000029899 3)))

W. DIKEC1OKS					
□Chairman	Name:	□ Chairman	Name: 110 MAIN STREET Address:		
[]Vice Chairman	Address: 110 MAIN STREET	∐Vice Chairman			
UDirector	MANCHESTER, CT 06042	Director	MANCHES	STER, CT 06042	1
📂 President	·····	President			
□Vice President		₩Vice President			
☐ Secretary	_ Treasurer	El Secretary		Treasurer	
□Other		EIOther		ZOther	
∐Chairman	Name [*]	L. Chairman	Name:		
□Vice Chairman	Address:	∐V;te Chairman			
Director	This state white the comment of the state and appearing a page of a companion of the company of the age.	□Director			
□President	Section 1 and section of processing a property of the section of the property of	□President			
□Vice President		I Vice President	·····		
☐ Secretary	☐Treasurer	□Secretary:			. •
□Other	Oother	[]Other		TiOther	*,
□Chairnea	Name:	⊒Chairman	Nume;		
	Address:	∐Vice Chainnan			-
□Director		□Director			
□President	And the same of th	[President			
□Vice President		□Vice President		·	
□ Secretary	[] Treasurer	□Secretary		OTreasurer	
Other	E)Other	Other	***	□Other	
	ise an attachment to report more than six (6). The at added to the index when filing your Florida Department of Director	nent of State Annual Ren	ort form.		
she is aware that fal- 5.817.155, F.S.	or signing this document (and who is listed in munh se information submitted in a document to the Depa	oer 11 above) affirmis that	t the facts state	id herein are true a	and that he or
GAIL J. PETE	ROWSKY, PRESIDENT				· · · · · · · · · · · · · · · · · · ·
	(Typed or printed name and capacity of per	son signing application)			

(((H230000298399 3)))

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: January 03, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	RIGHT TRAC FINANCIAL GROUP, INC.
Business ALEI	US-CT.BER:0291866
Formation Date	

Name Change History

Filing Type	Filing Date	Previous Name	Updated Name
Amend Name	02/22/1996	ACCESS CAPITAL	RIGHT TRAC 🖘
		CORPORATION OF	FINANCIAL GROUP.
		AMERICA	INC.

Secretary of the State

Much 7 lach

Business ALEI: US-CT BER:0291866

Note: To verify this certificate, visit Business.ct.gov

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Certificate Number: C-00073534