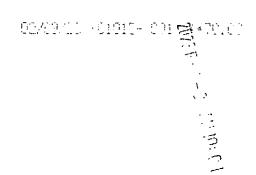
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(Requestor's Name)							
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PICK-UP WAIT MAIL							
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Certified Copies Certificates of Status							
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Special Instructions to Filing Officer.							

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S. ROBERTS FEB 2 4 2023

COVER LETTER

TO:		tration Section on of Corporations							
SUBJ	FCT.	RAGIN' RACCOON, INC.							
Name of corporation - must include suffix									
Dear S	ir or M	adam:							
"Certif	ficate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Goo	od Standii	ig" and check are submitte				
Please	return a	all correspondence concerni	ng this	matter to	the following:				
Katelyi	n J. Dou	gherty							
			Na	ime of Pe	rson				
Harbou	ır Busin	ess Law							
		,	Fir	m/Compa	ny				
301 W	. Platt S	treet, Suite A234							
				Address					
Tampa	, FL 336	506							
			City/	State and	Zip code				
annuali	reports@	harbourbusinesslaw.com							
		E-mail address	(to bo	used for	future annual report notifi	cation)			
For fur	ther in	ormation concerning this ma	atter, p	olease call	:				
Katelyn J. Dougherty			at (313	706-7333				
	Name	e of Person		ea Code	Daytime Telephone	Number			
	Regis Divisi The C	tration Section on of Corporations dentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	S:		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	en rations			
Please r		check for the following amo eck payable to: FLORIDA DE ng Fee	PART g Fee &	હ □\$		\$87.50 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.

1.	RAGIN' RACC	OON, INC.				
		orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	D." "(COMPANY," "CORPORATION,"		
	(If name unavail:	able in Florida, enter alternate corporate nam				
Delaware 2.			3. FEI number, if applicable)			
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4.	January 1, 2023		5			
	(Date of incorporation)			(Date of duration, if other than p	erpetual)	
6.	January 1, 2023					
7.		nue, Unit 3, Tampa, Florida 33609		F.S., to determine penalty liability) treet address)		
		•	ling a	ddress, if different)	7307	
	Name and stree Name: ffice Address:	Justin Pera 106 Habana Avenue, Unit 3	.O. B	ox <u>NOT</u> acceptable) 		
		Tampa, Florida		, Florida 33609	 	
		(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.

(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 Justin Pera Alex Graham □ Chairman □ Chairman Name: Name: 106 Habana Avenue 106 Habana Avenue □ Vice Chairman Address: □Vice Chairman Address: Unit 3 Unit 3 Director Director Tampa, Florida 33609 Tampa, Florida 33609 □President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ■Other COO ■Other CEO 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 _____ Name: _____ Chairman Name: □Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President □President □Vice President __ □Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □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. 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. 13. Justin Pera, Director and CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAGIN' RACCOON, 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.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAGIN' RACCOON, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2023.



Authentication: 202581992

Date: 01-26-23