# F23000001662

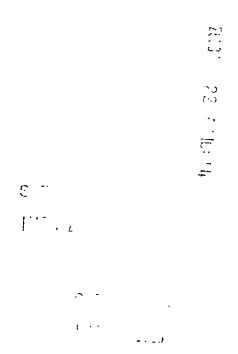
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  4 Mailed 3/22/13 May  3/22/13 May  3/22/13 May  3/23/13

Office Use Only



400322195414

01/17/23--01033--006 \*\*78.75



## **COVER LETTER**

_	stration Section ion of Corporations				
SUBJECT:	Resources Advisors Unlimited	d. Inc.			
SOBJECT.	Name o	f corporation -	must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Cor of Existence," or "Certificate of need foreign corporation to tra	of Good Standi	ng" and check are subr		
Please return	all correspondence concernir	ng this matter to	the following:		
Patrick & Sus	an Ghere				
		Name of Pe	rson		
Resource Adv	isors Unlimited, Inc.				
8374		Firm/Compa	any	-	
W3776 Market Street #522					21:
•		Address			· ·
Bradenton, FL	. 34202				<b>~</b> 3
		City/State and	Zip code	<u> </u>	•••
librasades@ac					·=
	E-mail address:	(to be used for	future annual report n	otification)	
For further in	formation concerning this ma	itter, please cal	1:		·
Patrick Ghere	:	503-688-36t	503-688-3666		
Nam	e of Person	Area Code	Daytime Telephone 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		
	check for the following amounted payable to: FLORIDA DE ing Fee \$78.75 Filing Certificate of	PARTMENT OF Fee &	OF STATE 578.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

## 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.

Resource Advisor	s Unlimited, Inc.		MANIN' " "CORPORATION"		
(Enter name of cor "Inc.," "Co.," "Cor	poration: must include "INCORPORAT p." "Inc." "Co." or "Corp.")	.ED," "CO	MPANY, "CORPORATION,		
RAU, Inc.			Companying by	ciness in Florid:	
(If name unavailab	ole in Florida, enter alternate corporate r	name adopte	ed for the purpose of transacting of	Siness in Front	
Wyoming  (State or country under the law of which it is incorporate March 23th, 2010		3.	45-6000 (FEI number, if applie	(Constiguida)	
(State or country	under the law of which it is incorporate	(b)	(FEI number, it applie		
		_ 5	(Date of duration, if other than perpetual)		
(Date of incorporation)			(Date of duration, if other than	perpetuary	
Have not done by	asiness in Florida.				
	(SEE SECTIONS 607.1501 & c	607.1502. F	ida, if prior to registration) F.S., to determine penalty liability)		
8374 Market Stree	1 #522 Bradenton FL (Princip	al office st	reet address)		
	(Current	mailing ad	dress, if different)	<u></u>	
				, , , , , , , , , , , , , , , , , , ,	
3. Name and <u>stree</u>	<u>a address</u> of Florida registered agent	: (P.O. Be	ox <u>NOT</u> acceptable)	56.	
3. Name and <u>stree</u> Name:	n address of Florida registered agent Patrick Ghere	.: (P.O. Bo	ox <u>NOT</u> acceptable) -		
Name:		.: (P.O. Bo	ox <u>NOT</u> acceptable) -	~)	
	Patrick Ghere		ox <u>NOT</u> acceptable) , Florida	~)	

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.

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

Name: Patrick Ghere  8374 Market Street #522, Bradente ♠, FL  Address:	□Chairman 3 4262 □Vice Chairman		8374 Market Street	
Address: 8374 Market Street #522, Bradente N, FL	34202 □Vice Chairman	Address	8374 Market Street	#522, Braden <b>⊢ ∧</b>
	Director			·
	□President	<del></del>		<del></del>
	□Vice President			
☐Treasurer	Secretary		Treasurer	
Other	⊡Other	•	□Other	
Vame:	□Chairman	Name:		· · · · · · · · ·
Address:	□Vice Chairman	Address:		· \
	□Director			
	□President			
·····	□Vice President			<del></del>
Treasurer	☐ Secretary		□Treasurer	
	□Other		□Other	<u> </u>
Name:	□Chairman	Name:		$\sim$
Address:	□Vice Chairman			·
	□Director			<del></del>
	□President	·		• · · · · · · · · · · · · · · · · · · ·
	□Vice President			
□Treasurer	□ Secretary		☐Treasurer	
Other	GOther		⊡Other	
e an attachment to report more than six (6). The attachded to the index when filing your Florida Department	it of State Annual Re	d for report		
	Treasurer   Other	Other   Othe	Treasurer	Clother   Clot

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

## RESOURCE ADVISORS UNLIMITED, INC.

is a

#### **Profit Corporation**

did on **March 22, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000746967**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of January, 2023 at 1:51 PM. This certificate is assigned ID Number 057561219.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.