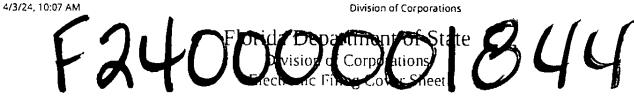
Division of Corporations



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(((H24000122293 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

西Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION RAFA SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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.

New York		opted for the purpose of transacting busin	ess in Florida)	-
	3			_
(State or count	y under the law of which it is incorporated)	(FbI number, if applicable	2}	
	of incorporation) 5.			
(Date	of incorporation)	(Date of duration, if other than per	rpetual)	
				_
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
7901 4th St N ST	E 300, St. Petersburg, FL 33702	•		
	(Principal office	street address)		-
	•			
 	(Current mailing	address, if different)		
Name and stee	et address of Florida registered agent: (P.O.	Box NOT acceptable)	onor APR	
ranne and sire				
	Registered Agents Inc		ט־	
Name:	Registered Agents Inc 7901 4th St N STE 300		PR -	
	7901 4th St N STE 300		ယ်	
Name:	7901 4th St N STE 300		-3 PH	;
Name:	7901 4th St N STE 300	, Florida 33702 , Zip code)	-3 PH 4:	
Name: Tice Address:	7901 4th St N STE 300	, Florida	-3 PH	
Name: Tice Address: Registered ag	7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept service	of process for the above stated corpo	-3 PH 4: 38 oration at the f	
Name: fice Address; Registered agoring been nansignated in this	7901 4th St N STE 300 St. Petersburg (City) ent's acceptance:	of process for the above stated corpo int as registered agent and agree to ac	+3 PH +: 38 oration at the pot in this capa	city.

^{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.

4/3/2024 07:10:38 PD1	Fax: 81343652/	024 07:10:38 PDT	J24 07:10:38 PDT T	To: 18506176383	Page: 3/4	Fax: 813436520
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A. DIRECTORS				
□Chairman	Jason Opferbeck Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chajrman	Address:	
≝Director	P.O. Box 275	□Director		
	Cattaraugus NY 14719	□President		
□Vice President		□ Vice President		
☑ Secretary	☐ Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	- .
□Vice Chairman	Address:	□ Vice Chairman	Address:	
[i]Director		_		
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□ Secretary		☐Treasurer
Other	□Other	□Other		□Other
□Chairman	Name:	Chairman	Name:	
L!Vice Chairman	Address:	L'Vice Chairman	Address:	
Director		Director		
□President		□ President		
□Vice President		□Vice President		WITH THE CO.
□Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). I added to the index when filing your Florida D. T. Opyferbeck Signature of Di	epartment of State Annual Re	port form.	

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 5.817.155. F.S.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J, RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: RAFA SYSTEMS, INC.

DOS ID Number: 4848753

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 11/12/2015

Statement Status: PAST DUE Statement Due Date: 11/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 02, 2024 at 01:48 P M

Brandon C. Hugha

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100005477236 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov