## Fa40006393

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified CopiesC	Certificates of Status
Special Instructions to Filing C	officer:

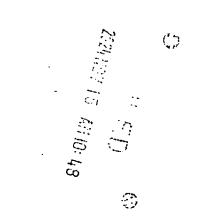
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Ready Wealth Advis	ors, Inc.				
5003DC1.	Name of corporation	ı - must include suffix			
Dear Sir or Madam:					
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good Star	iding" and check are sub	et Business in Florida," mitted to register the		
Please return all correspondence of	concerning this matte	r to the following:			
William Abraham					
	Name of	Person			
Ready Wealth Advisors, Inc.					
	Firm/Cor	npany			
4311 Ortona Ln.					
	Addr	ess			
Wesley Chapel, FL 33543					
	City/State a	and Zip code			
will@readywealthadvisors.com					
E-mail	address: (to be used	for future annual report i	notification)		
For further information concerning	g this matter, please	call:			
William Abraham	at (	326-6707	326-6707		
Name of Person	Area Coo		hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	RIDA DEPARTMEN	T OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

	filed a fictitious name of "Ready Wealth Advisor			
	able in Florida, enter alternate corporate name ad		g business in Florida)	
California	J	(FEI number, if applicable)		
	y under the law of which it is incorporated)			
10/28/2024	of incorporation) 5	·- <u>-</u>		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
10/28/2024				
	(Date first transacted business in I		v)	
000 4 1 1	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penany naomi	y)	
898 Amberwood	Ct., Walnut Creek, CA 94598			
	(Principal office	e <u>street</u> address)		
	(Current mulling	address, if different)		
	(Current manning	address, a directory	5%)	
Managara di stance	et address of Florida registered agent: (P.O.	Roy NOT accentable)		
Name and stree		100x 1401 acceptable)		
Name:	William Abraham		<i>5</i> 7 €	
ffice Address:	4311 Ortona Ln.			
office Address.	Wesley Chapel	33543	84 100 43 100 43	
	(City)	Florida (Zip code)	4:- CO	
	(City)	(224) (324)	9	

(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				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:898 Amberwood Ct.	□Vice Chairman	Address:	
□Director	Walnut Creek, CA 94598	□Director		
President		President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other CEO	□Other	□Other		Other
□Chairman	William Abraham	□Chairman	Name:	
□Vice Chairman	Name:4311 Ortona Ln.	□Vice Chairman		
□ Director	Address:	Director		
□President		□President	_	
□Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Secretary		☐Treasurer
Other CFO		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
Important Notice: individuals may be	Use an attachment to report more than six (6). The a eadded to the index when filing your Florida Depart	ttachment will be image ment of State Annual R or or Officer	eport form.	
	_			
she is aware that fi s.817.155, F.S. William Ahr	ctor signing this document (and who is listed in numalse information submitted in a document to the Department and Secretary/CFO	iber 11 above) affirms that the artiment of State constitution	hat the facts state utes a third degre	ed herein are true and that he or ee felony as provided for in
13.	and in Joseph and I was a second and in the seco		<u> </u>	



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** 

READY WEALTH ADVISORS, INC.

Entity No.:

6440524

Registration Date:

10/28/2024

**Entity Type:** 

Stock Corporation - CA - Close

Formed in:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 11, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 264915929

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.