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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Fax Number : (850)222-1222

FLORIDA PROFIT/NON PROFIT CORPORATION

Ragano, P.A.

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OCT. 8. 2008 10:31AM CAPITAL CONNECTION

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SECRETARY OF STATE
ALL SHASSFE, FLORIDGE

ARTICLES OF INCORPORATION

OF

Ragano, P.A.

The undersigned incorporator, for the purpose of forming a Professional Association under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME & PURPOSE

The name of the Professional Association is Ragano, P.A. The specific nature of business of this Professional Association is the Practice of Family and Marital Law.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the Professional Association is 1540 W. Cleveland Street, Tampa Florida, 33606.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is one hundred (100) shares having par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Dawn M. Russell, 5324 Twin Creeks Drive, Valrico Florida, 33596.

ARTICLE V: INITIAL OFFICERS AND DIRECTORS

The name and address of the initial Officers and Directors of the Professional Association are: Christon Evan Ragano, President., 1540 Cleveland Street West, Tampa Florida, 33606

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 7th day of October 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

08 OCT -8 PH 1:32
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

erganized un	der the laws of t		da Statutes, the mentione nits the following statem lorida.	
1. The name	of the corporation	min Ragan	o, P.A.	
		***		<u> </u>
2. The name t	nd street addre	se of the registered agen	t and office is:	
	1540	Cleveland E	treet West	······································
		m, Flonda		
HAVE BEEN	MAMED AS P	EGISTERED AGENT	AND TO ACCEPT SER ATION AT THE PLACE	VICE OF DESIGNATED IN
THIS CERTIFICAND ACREE	TO ACT IN T	HIS CAPACITY. I TUE	PPOINTMENT AS REG RITHER AGREE TO CO	istered agent MPLY With the
PERFORMA	NCE OF MY D) THE PROPER AND C MILIAR WITH AND A (BD AGENT.	
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