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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

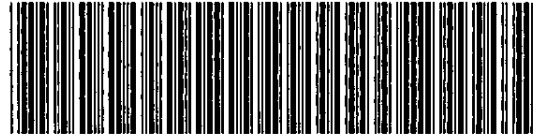
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 15 AM 9:11

Ps 2/15/13

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Ragoonan & Ragstien, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Sharon Ragoonan

Name (Printed or typed)

4705 SW 62 Avenue, #2304

Address

Davie, Florida 33314

City, State & Zip

786-489-5937

Daytime Telephone number

sragoonan@msn.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Ragoonan & Ragstien, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4705 SW 62 Avenue, #2304

Davie, Florida 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide public relations services and business consultation to small, medium, and large businesses.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sharon Ragoonan, President

Name and Title: N/A

Address 4705 SW 62 Avenue, #2304

Address:

Davie, FL 33314

Name and Title: N/A

Name and Title: N/A

Address

Address:

Name and Title: N/A

Name and Title: N/A

Address

Address:

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Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Sharon Ragoonan  
Address: 4705 SW 62 Avenue, #2304  
Davie, FL 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Sharon Ragoonan  
Address: 4705 SW 62 Avenue, #2304  
Davie, FL 33314

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

2/11/2013  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

2/11/2013  
\_\_\_\_\_  
Date