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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Radagast & Roac Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee \$128.75

OPTIONAL:

Certificate of Status

From:

Ruth Goran CPA

Name (printed or typed)

8631 Keeler Ave

Address

\$ 8.75

Skokie, Illinois 60076

City, State & Zip

847-287-7832

Daytime Telephone Number

ruthgorancpa@gmail.com

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

INHS53 (3/20)

THE COURT PH 12: 55

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	dersigned, Uri Rather President					
	adagast & Roac Inc F21-1392 (Title)					
corpo	ation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of					
	stication.					
1.	Then name of the domesticating corporation is Radagast & Roac Inc	_				
	(Foreign Corporation)					
						
2.	2. The jurisdiction and date of its formation is Illinois, 11-23-09					
		-				
3.	3. The name of the domesticated corporation is Radagast & Roac Inc					
4.	The jurisdiction of formation of the domesticated corporation is Florida					
5.	5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.					
6.	Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.					
l certif	y I am authorized to sign these Articles of Domestication on behalf of the corporation					
	(Authorized Signature)					

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

Radagast & Roac Inc ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address Principal Address Mailing Address 1145 16th St. #1101 Miami Beach, FI 33139-2288 Miami Beach, FI 33139-2288 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Any and all lawful business ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 100 ARTICLE VI REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Uri Ratner 1145 16th St. #1101 Miami Beach, FI 33139-2288 HAVING BEEN NAMED AS REGISTERED AGENT AND 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. Signature/Registered Agent 12-12-21 Signature/Registered Agent	THE NAME OF THE CORPORATION SHALL	BE:	
THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address 1145 16th St. #1101 Miami Beach, Fl 33139-2288 Miami Beach, Fl 33139-2288 Miami Beach, Fl 33139-2288 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Any and all lawful business ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 100 ARTICLE VI REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Uri Ratner 1145 16th St. #1101 Miami Beach, Fl 33139-2288 HAVING BEEN NAMED AS REGISTERED AGENT AND 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.	Radagast & Roac Inc		
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	ABOVE STATED CORPORATION AT THE WITH AND ACCEPT THE APPOINTMENT	PLACE DESIGNATED IN THIS CERTIFICA	te, I am familiar
	Signature/Registered Agent		

ARTICLE V DIRECTORS AND/ OR OFFICERS

	O ADDRESS(ES) AND SPECIFIC TITLE	ES:	
Name & Title:	Ari Ratner, Secretary	Name & Title:	
Address:	1145 16th St. #1101	Address:	
	Miami Beach, FI 33139		
	Uri Ratner, President		
Name & Title:	· · · · · · · · · · · · · · · · · · ·	Name & Title:	
Address:	1145 16th St. #1101	Address:	72
	Miami Beach, Fl 33139		; · · · · · · · · · · · · · · · · · · ·
			12
Name & Title:		Name & Title:	
Address:		Address:	. 2:
			<u> </u>
Name & Title:		Name & Title:	
Address:		Address:	
	ument and affirm that the facts s nitted in a document to the Depar 817.155.F.S.		
Toth	-		12-12-21
Signature/Author	orized Person		Date