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Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations  
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Account Name : HUBCO  
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Email Address: mary@scottpeckepa.com

### FOREIGN PROFIT/NONPROFIT CORPORATION

Rapid Product Development Group, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.*

**1. Rapid Product Development Group, Inc.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION",  
"Inc.", "Co.", "Corp.", "Inc.", "Co.", or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. California**

(State or country under the law of which it is incorporated)

**3. \_\_\_\_\_**

(FEI number if applicable)

**4. September 26, 2003**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. Upon Filing**

(Date first transacted business in Florida if prior to registration.)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 300 W. Grand Avenue, Suite 200, Escondido, CA 92025**

(Principal office address)

(Current mailing address)

**8. Sales of Manufactured Parts**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: Hubco Registered Agent Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

(City)

Florida, 32301

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature) **Bruce B. Hubbard, President**

11. 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.

12. Names and addresses of officers and/or directors:

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**A. DIRECTORS** (Street address only - P.O. Box NOT acceptable)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Chairman: Anthony Moran

Address: 300 W. Grand Avenue, Suite 200, Escondido, CA 92026

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Anthony Moran

Address: 300 W. Grand Avenue, Suite 200, Escondido, CA 92026

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Anthony Moran, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**RAPID PRODUCT DEVELOPMENT GROUP, INC.**

**FILE NUMBER:** C2298588  
**FORMATION DATE:** 09/26/2003  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, 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 September 26, 2012.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State