FILOCOCOST

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
ALL AHASSEF FLORIDA.

JAN 0 6 2016

S MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2015

ASH SHAH 3519 MAIN ST SUITE 401 CHULA VISTA, CA 91911-0801

SUBJECT: RASIX COMPUTER CENTER INC

Ref. Number: W15000080505

We have received your document for RASIX COMPUTER CENTER INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 815A00026250

COVER LETTER

TO: Registration Section Division of Corporat			
Rasix Compute SUBJECT:	r Center Inc.		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application b "Certificate of Existence," of above referenced foreign cor	r "Certificate of Good Star	ding" and check are sub	
Please return all corresponde Ash Shah	nce concerning this matter	to the following:	
Rasix Computer Center Inc.	. Name of	Person	
3519 Main Street Suite # 401	Firm/Com	pany	
Chula Vista CA 91911-0801	Addre	ess	
ash.shah@rasixinc.com	City/State a	nd Zip code	
E	mail address: (to be used t	or future annual report n	otification)
For further information conc	erning this matter, please o	eall:	
Ash Shah	8 66	266-2892 x 115	
Name of Person	at (Area Cod	e Daytime Teleph	none Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclosed is a check for the fo	ollowing amount:		
□ \$70.00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Rasix Computer			
(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
me., co., c	inp. me, co, or corp.)		
(If name unavail:	able in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Florida)	
Californ	·	33-0811460	
	y under the law of which it is incorporated	d) (FEI number, if applicable)	
6-18-1998	A finger the law of which it is incorporated	Perpetual	
ļ		5.	
	of incorporation)	(Date of duration, if other than perpetual)	
upon reg	 		,
		ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability)	
3519 Main Street	Suite # 401 Chula Vista CA 91911-0801	107.1302, F.S., to determine penalty habitity)	
·			
	. (P	rincipal office address)	
·	<u> </u>		,
·	. (Current 1	mailing address, if different)	
	. (Current r	mailing address, if different)	
. Name and <u>stree</u>	et address of Florida registered agent:		
		(P.O. Box NOT acceptable)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: Incorp Services Inc.	(P.O. Box NOT acceptable)	
	et address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	et address of Florida registered agent: Incorp Services Inc.	(P.O. Box NOT acceptable)	
Name:	Incorp Services Inc. 17888 67th Court North Loxahatchee	(P.O. Box NOT acceptable) 33470 Florida	
Name:	Incorp Services Inc. 17888 67th Court North	(P.O. Box NOT acceptable) 33470 Florida	
Name: Office Address:	Incorp Services Inc. 17888 67th Court North Loxahatchee (City)	(P.O. Box NOT acceptable) 33470 Florida (Zip code) (Zip code)	
Name: Office Address: Registered ago	Incorp Services Inc. 17888 67th Court North Loxabatchee (City) ent's acceptance: ed as registered agent and to accept	(P.O. Box NOT acceptable) 33470	place
Name: Office Address: Registered age Having been nam lesignated in this	Incorp Services Inc. 17888 67th Court North Loxabatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the app	(P.O. Box NOT acceptable) 33470 Florida (Zip code) Service of process for the above stated corporation at the ointment as registered agent and agree to act in this capa	icity.
Name: Office Address: Registered age Having been nam lesignated in this urther agree to c	Incorp Services Inc. 17888 67th Court North Loxahatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the apponply with the provisions of all state	(P.O. Box NOT acceptable) 33470 Florida (Zip code) Service of process for the above stated corporation at the ointment as registered agent and agree to act in this capates relative to the proper and complete performance of n	icity. I
Name: Office Address: Registered age Having been nam lesignated in this urther agree to c	Incorp Services Inc. 17888 67th Court North Loxahatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the apponply with the provisions of all state	(P.O. Box NOT acceptable) 33470 Florida (Zip code) Service of process for the above stated corporation at the ointment as registered agent and agree to act in this capa	icity. I
Name: Office Address: Registered age Having been nam lesignated in this urther agree to c	Incorp Services Inc. 17888 67th Court North Loxabatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the appomply with the provisions of all status amiliar with and accept the obligation.	(P.O. Box NOT acceptable) 33470	icity. I
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Name: Office Address: Registered age Having been nam lesignated in this urther agree to c	Incorp Services Inc. 17888 67th Court North Loxabatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the appomply with the provisions of all status amiliar with and accept the obligation.	(P.O. Box NOT acceptable) 33470	icity. 1 ty
Name: Office Address: Registered age Having been nam Jesignated in this jurther agree to c luties, and I am f	Incorp Services Inc. 17888 67th Court North Loxabatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the appomply with the provisions of all status familiar with and accept the obligation. (Regist	(P.O. Box NOT acceptable) 33470 Service of process for the above stated corporation at the ointment as registered agent and agree to act in this capates relative to the proper and complete performance of mons of my position as registered agent. Jackie DeFilippis on behalf of InCorp Services, lered agent's signature)	ricity.
Name: Office Address: Registered age Having been nam lesignated in this urther agree to c luties, and I am f	Incorp Services Inc. 17888 67th Court North Loxabatchee (City) ent's acceptance: ed as registered agent and to accept application, I hereby accept the appomply with the provisions of all status familiar with and accept the obligation. (Regist certificate of existence duly authentic	(P.O. Box NOT acceptable) 33470	nc.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Address: _ Ashok Shah Director: 3519 Main Street Suite # 401 Address: Chula Vista CA 91911-0801 Director: **B. OFFICERS** Ashok Shah President: 3519 Main Street Suite # 401 Address: Chula Vista CA 91911-0801 Vice President: Address: Ashok Shah Secretary: 3519 Main Street Suite # 401 Chula Vita CA 91911-0801 Address: Ashok Shah Treasurer: 3519 Main Street Suite # 401 Chula Vista CA 91911-0801 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Ashot shah - President

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RASIX COMPUTER CENTER, INC.

FILE NUMBER:

C2039818

FORMATION DATE:

06/18/1998

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 December 21, 2015.

ALEX PADILLA Secretary of State