

F18000003554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

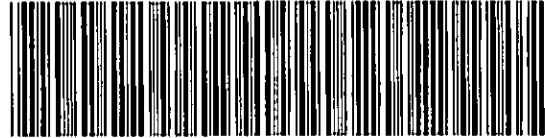
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

sign w/ 18 56599

Office Use Only



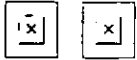
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06/15/18--01018--016 **70.00

FILED
18 AUG -3 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 06 2018

Ravrot Inc



To: Sunbiz Corp Filing

From: Ravrot Inc

Fax:

Phone:

Date: 8/3/2018 10:35:54 AM

Re: Attn: Octavia Simmons

CC:

Comments:

Hi, Document Number: W18000056599 Please find the missing form to change the status of our company filing from "rejected filing". This has been pending for many days, so please prioritize. Thanks, William



RECEIVED

2018 AUG -3 PM 12:43

AMERICAN
OVERSEAS BANK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2018

WILLIAM MOROCCO
4578 NW 18TH AVE, UNIT 103
POMPANO BEACH, FL 33064

SUBJECT: RAVROT INC
Ref. Number: W18000056599

We have received your document for RAVROT INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00014198



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2018

WILLIAM MOROCCO
4578 NW 18TH AVE, UNIT 103
POMPANO BEACH, FL 33064

SUBJECT: RAVROT INC
Ref. Number: W18000056599

We have received your document for RAVROT INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 418A00012661

RECEIVED
2018 JUL -9 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ravrot Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William Morocco
Name of Person
Ravrot Inc
Firm/Company
4578 NW 18th Ave Unit 103
Address
Pompano Beach, FL, 33064
City/State and Zip code
corporate@ravrotinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Morocco at (954) 687 2845
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following 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**

*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. Ravrot Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. DE 3. 81-4578076
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/7/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 8 THE GRN STE 5460, DOVER, DE 19901
(Principal office address)

(Current mailing address, if different)


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

Name: WILLIAM MOROCCO

Office Address: 4891 NW 103 RD AVE # 1114
SUNRISE, Florida 33551
(City) (Zip code)

9. 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)

10. 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.

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MAY -3 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Morocco

Address: 4891 NW 103RD AVE # 114
SUNRISE, FL 33351

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. William Morocco
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.

13. William Morocco

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

FILED
18 AUG 23 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAVROT INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAVROT INC" WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

6206385 8300

SR# 20184929345

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202810336

Date: 06-04-18