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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

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FOREIGN PROFIT/NONPROFIT CORPORATION
RAPS CONSULTING INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K. SALY
AUG - 8 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAPS CONSULTING, 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:

Crystal Jauregui
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip code

managedreports@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Jauregui for InCorp Services, Inc. at (702) 866-2500 ext. 6919
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

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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. RAPS CONSULTING INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New Jersey 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/3/2014 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 33 Wood Ave S, Suite #600, Iselin, NJ 08830
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Crystal J. (Handwritten signature)

Crystal Jauregui on behalf of InCorp Services, Inc.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ritu Chauhan

Address: 33 Wood Ave S, Suite #600, Iselin, NJ 08830

Director: Sanjeev Chauhan

Address: 33 Wood Ave S, Suite #600, Iselin, NJ 08830

B. OFFICERS

President: Ritu Chauhan

Address: 33 Wood Ave S, Suite #600, Iselin, NJ 08830

Vice President: _____

Address: _____

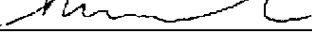
Secretary: CEO: Sanjeev Chauhan

Address: 33 Wood Ave S, Suite #600, Iselin, NJ 08830

Treasurer: Sanjeev Chauhan

Address: 33 Wood Ave S, Suite #600, Iselin, NJ 08830

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.

13. Sanjeev Chauhan, CEO

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

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TALLAHASSEE, FLORIDA

(H180022985D3)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

RAPS CONSULTING INC
0400648528

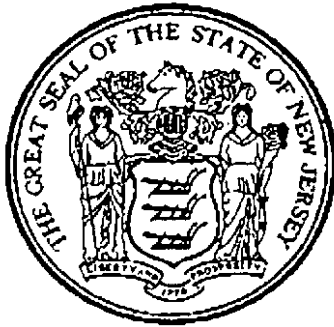
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 03, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RITU CHAUHAN
100 OVERLOOK CENTER
2ND FLOOR
PRINCETON, NJ 08540

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TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of August, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6090319689

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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