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S. FRANKLIN

JAN - 6 2023

COVER LETTER

Division of Corporations			
SUBJECT: RouteRabbit, Inc.			
Name o	of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Sta	anding" and check are submitted to regist	
Please return all correspondence concerni	ng this matte	er to the following:	
Bhaskar P Rao			
	Name o	f Person	
RouteRabbit, Inc.			
	Firm/Co	mpany	
5306 NW 116th Avenue			
	Add	Iress	~ `
Coral Springs, FL 33076		; -	
	City/State	and Zip code	
bhaska22@gmail.com			(i)
E-mail address	: (to be used	for future annual report notification)	
For further information concerning this m	atter, please	call:	l: n3
Bhaskar P Rao	508	5968735	
Name of Person	Area Co	de Daytime Telephone Number	
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI \$70.00 Filing Fee \$78.75 Filin Certificate of	EPARTMEN g Fee &	□ \$78.75 Filing Fee & □ \$87.50 F	ite of Status

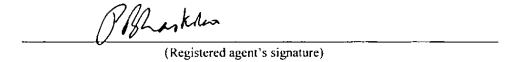
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	RouteRabbit, In					
	(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"			
	RouteRabbit, In-	c. of Florida				
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)		
2.	Delaware	3	46-4134707			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	11/18/2013	5.	Perpetual			
	(Date	of incorporation)	(Date of duration, if other than p	perpetual)		
6.	December 15, 2022					
	2035 Sunset Lake	•	in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7.,	<u> </u>		fice street address)			
		(Current maili	ng address, if different)	<u></u>		
•	N. I.		0 B NOT (11)	← 3		
ð.	Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	<u>.</u> .		
	Name:	Bhaskar P Rao				
О	ffice Address:	5306 NW 116th Avenue		· · ·		
		Coral Springs	, Florida 33076			
		(City)	(Zip code)	2		

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.



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.

A. DIRECTORS Bhaskar Rao □ Chairman Name: □ Chairman Name: 5306 NW 116th Avenue ☐ Vice Chairman ☐ Vice Chairman Address: Coral Springs, FL 33076 ■ Director Director □ President President ☐ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer ■ Secretary □Other _____ Other ____ □Other Chairman Name: Name: ______ □ Chairman Address: □Vice Chairman Address: _____ □ Vice Chairman □ Director Director □ President □President □Vice President ☐ Vice President ☐ Secretary □ Treasurer □ Secretary □ Treasurer □Other □ □Other _____ □Other _____ Other _____ Name: □ Chairman Chairman Name: □Vice Chairman Address: _____ Address: ____ ☐ Vice Chairman □ Director Director □President ☐ President □Vice President ___ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □Other _____ □Other _____ □Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 13. Bhaskar P Rao, DINECTOR

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROUTERABBIT, 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 FIFTEENTH DAY OF NOVEMBER, A.D.

2022.



Authentication: 204857743

Date: 11-15-22