12/4/23, 9:57 AM To: +1 850-617-6383 From: +1 702-866-2689 Resubmission RAPS IT Consulting Inc Division of Corporations 11/30/23, 10:33 AM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000409507 3)))



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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)900-2290

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

FOREIGN PROFIT/NONPROFIT CORPORATION **RAPS Consulting Inc**

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December 1, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORP SERVICES INC

SUBJECT: RAPS CONSULTING INC

REF: W23000160564

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L23000448710.

Please return 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.

KYLE D BRUMBLEY FAX Aud. #: H23000409507

Regulatory Specialist II Supervisor Letter Number: 723A00027474

COVER LETTER

TO:	Registration Se Division of Co				
SUR	ECT:	RAF	S Consultin	g Inc	
3000	(24) 1 ·	Name of c	orporation -	must include suffix	
Dear S	Sir or Madam:				
"Ccτti	ficate of Existence	tion by Foreign Corpo e," or "Certificate of gn corporation to trans	Good Standi:	thorization to Transact ag' and check are subn in Florida.	Business in Florida," nitted to register the
Please	return all corres	pondence concerning	this matter to	the following:	
			Wendy Hef	ley	
	* ** ****		Name of Pe	rson	
		InC	Corp Service	es, Inc.	
***************************************			Firm/Compa		
		3773 Howard	Hughes Pa	rkway Suite 500S	
			Address		
		Las	e Vegas, NV	89169	
		Ç	lity/State and		
			ıments@inc	•	
		E-mail address: (t	o be used for	future annual report no	otification)
For fu	rther information	concerning this matt	er, please cal	ŀ	
Vendy	Hefley for InCo	orp Services, Inc.	702	866-2500 ext. 690	
	Name of Perso	on	Area Code	Daytime Teleph	
	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Please	sed is a check fo make check payat 0,00 Filing Fee	t the following amount ble to: FLORIDA DEP. \$78,75 Filing 1 Certificate of 9	ARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

RAPS Consulting Inc						
(Enter name of c	orporation; must include "INCORPORATED," " forp." "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"				
RAPS IT Co	onsulting Inc					
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting business in Florida)				
2. New Jersey	3.					
(State or coumu	ry under the law of which it is incorporated)	(FEI number, if applicable)				
4. 04/03/2014	5.					
		(Date of duration, if other than perpetual)				
6. Upon Registrat	ion					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) ?, F.S., to determine penalty liability)				
7. 505 Thornall Str	eet, Suite 202, Edison, NJ 08837					
	(Principal office	street address)				
	(Current mailing	address, if different)				
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)				
Name:	InCorp Services, Inc.	••••				
Office Address:	3458 Lakeshore Drive	 -				
	Taliahassee	, Florida				
	(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.

Wendy Hefley 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.

A. DIRECTORS			7		
□ Chai r man	Sanjeev Chauhan	Chairman	Ritu Chauhan Name:		
□ Vice Chairman	Address:	©Vice Chairman	Address: 505 Thornall Street, Suite 202		
■ Director	Edison, NJ 08837	@Director	Edison, NJ 08837		
□President		■ President			
☐ Vice President		□Vice President			
□Secretary	[]Treasurer	☐ Secretary	☐Treasurei		
COther	□Other	∐Othor	□ Other		
⊖Chainnan	Manish Kumar	□ Chairman	Anuja Patil Name.		
	505 Thornall Street, Suite 202 Address:	□Vice Chairman	Address: 505 Thornall Street, Suite 202		
□ Director	Edison, NJ 08837	Director	Edison, NJ 08837		
□President		☐ President			
		□Vice President			
□Secretary	■ Treasure:	⊠ Secretary	[]Treasurer		
□Other	□Other	[]Other	□Other		
□ Chairman	Name:	∐Chairman	Name:		
□Vice Chairman	Address:	☐ Vice Chairman	Address:		
Director		Director			
□President		□President			
□Vice President		□Vice President			
□ Sourctary	Treasurer	☐ Secretary	[]Treasurer		
Other	□Other	□Other			
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Deports	frent of State Annual R	eport form.		
12.	Signature of Director	r 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 of 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. Sanjeev Chauban, Director					

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

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

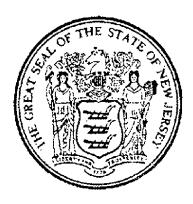
RAPS CONSULTING INC 0400648528

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 505 THORNALL STREET SUITE# 202 EDISON, NJ 08837



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Scal at Trenton, this 30th day of November, 2023

Shark Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6145739844

Verify this certificate online at

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