

Division of Corporations

F23000006735
Florida Department of State
Division of Corporations
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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

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

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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.," "Ltd.," "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. 04/03/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 505 Thornall Street, Suite 202, Edison, NJ 08837
(Principal office street address)

(Current mailing address, if different)

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

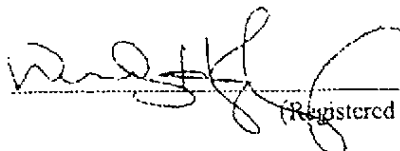
Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Sanjeev Chauhan
 Vice Chairman Address: 505 Thornall Street, Suite 202
 Edison, NJ 08837
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: Ritu Chauhan
 Vice Chairman Address: 505 Thornall Street, Suite 202
 Edison, NJ 08837
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

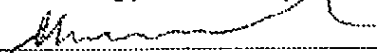
Chairman Name: Manish Kumar
 Vice Chairman Address: 505 Thornall Street, Suite 202
 Edison, NJ 08837
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: Anuja Patil
 Vice Chairman Address: 505 Thornall Street, Suite 202
 Edison, NJ 08837
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: _____
 Vice Chairman Address: _____
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: _____
 Vice Chairman Address: _____
 Director
 President
 Vice President
 Secretary Treasurer
 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.

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, Director
(Typed 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

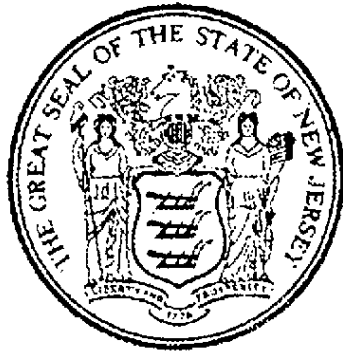
RAPS CONSULTING INC
0400648528

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 Seal at Trenton, this 30th day of November, 2023

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6145739844

Verify this certificate online at

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