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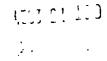
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COVER LETTER

TO: Registration Section Division of Corporation	ıs			
SUBJECT: RapidCase Inc.				
30801.01.	Name of corporation - r	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpo	Pertificate of Good Standin	g" and check are submi		
Please return all correspondenc	e concerning this matter to	the following:		
Boris Lavent				
	Name of Per	son		
Lavent Law, PA				
	Firm/Compa	ny	,	
17295 NE 19th Avenue				
	Address			
North Miami Beach, FL 33162				
	City/State and	Zip code		
boris@LaventLaw.com				
E-m	ail address: (to be used for	future annual report not	ification)	
For further information concert	ing this matter, please call	:		
Boris Lavent	786	53-9872		
Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taffahassee, FL 32314	
-	ORIDA DEPARTMENT O 18.75 Filing Fee & 🔻 🗖 S		\$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.

Clate or country under the law of which it is incorporated) (FEI number, if applicable)	15.1	ible in Florida, enter alternate corporate name ac				
September 24, 2024 (Date of incorporation) N A - not currently transacting business in Florida (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 17295 NE 19th Avenue, North Miami Beach, FL 33162 (Principal office street address)	Delawate	3.	(EEL number if a	onnlicable)		
(Date of incorporation) (Date of duration, if other than perpetual) N A - not currently transacting business in Florida (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7295 NE 19th Avenue, North Miami Beach, FL 33162 (Principal office street address) (Current mailing address, if different)						
N A - not currently transacting business in Florida (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7295 NE 19th Avenue, North Miami Beach, FL 33162 (Principal office street address) (Current mailing address, if different)	September 24, 2	5.	(There are dispersions in orbits	(F)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7295 NE 19th Avenue, North Miami Beach, FL 33162 (Principal office street address) (Current mailing address, if different)			(Date of duration, it office	r man perpendari		
7295 NE 19th Avenue, North Miami Beach, FL 33162 (Principal office street address) (Current mailing address, if different)	N A - not curren	my transacting business in riorida				
(Principal office street address) (Current mailing address, if different)		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, il prior to registration) 02. F.S., to determine penalty liabi	ility)		
(Current mailing address, if different)	7295 NE 19th A	venue, North Miami Beach, FL 33162				
(Current mailing address, if different)		(Principal offic	e street address)			
202						
202		(Current mailing	address, if different)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Boris Lavent				~		
Name: Boris Lavent	Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	024		
Name: Tice Address:						
Tice Address: North Miami Beach Florida 33162 To See See See See See See See See See Se			_ 			
North Miami Beach (City) , Florida 33162 (Zip code)	Name:	17295 NE 19th Avenue		sko ≥ in		
(City) (Zip code)				F SI		
		North Miami Beach	. Florida 33162			
		North Miami Beach (City)	, Florida	17AT		
Registered agent's acceptance:	Tice Address:	(City)	, Florida 33162 (Zip code)	TATE		
iving been named as registered agent and to accept service of process for the above stated corporation at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this co	Tice Address: Registered ag	(City) ent's acceptance:	(Zip code)	,		
rther agree to comply with the provisions of all statutes relative to the proper and complete performance o	ñce Address: Registered ag wing been nam	(City) ent's acceptance: ned as registered agent and to accept servic	(Zip code) we of process for the above state	ed corporation at the p		

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	••			
[_Chairman	Boris Lavent Name:	□ Chairman	Name:	
El Vice Chairman	Address:	□Vice Chairman	Address:	
II.Director	North Miami Beach, FL 33162	□ Director		
■ President		□ President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□ Secretary		□Treasurer
€Other	COther	□Other		COther
□Chairman	Name:	□ Chairman	Name:	
∐Vice Chairman	Address:	□Vice Chairman	Address:	
L Director		□Director		
t President		□ President		
□ Vice President		□Vice President		
C Secretary	☐ Treasurer	□ Secretary		□Treasurer
□Other	□ Other	□Other		□Other
[]Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□ Director		Director		
□ President		□ President		·
∐Vice President		□Vice President		
7 Secretary	☐ Treasurer	□ Secretary		□ Treasurer
L'Other	□ Other	□Other		□Other
mdividuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Departm	ent of State Annual R	eport form.	
12.	Signature of Director	or Officer		
she is aware that fi	retor signing this document (and who is listed in numbralse information submitted in a document to the Depar Rolls Lavent (Clinest			

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAPIDCASE 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAPIDCASE INC."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

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

The same of the sa

Authentication: 204481013

Date: 09-25-24

5235559 8300 SR# 20243783239