

P140000008216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

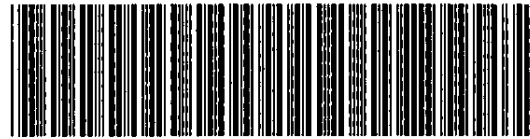
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN 24 PM 3:46

1A1

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **Rapid Simulations, Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Chris Lavoro**

Name (Printed or typed)

5645 Coral Ridge Dr. Num 269

Address

Coral Springs, FL 33076

City, State & Zip

954-254-6311

Daytime Telephone number

rapidsimulations@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2014

CHRIS LAVORO
5645 CORAL RIDGE DR. NUM 269
CORAL SPRINGS, FL 33076

SUBJECT: RAPID SIMULATIONS, INC.
Ref. Number: W14000002587

We have received your document for RAPID SIMULATIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 314A00000926

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: Rapid Simulations, Inc.

2014 JAN 24 PM 3:46

ARTICLE II PRINCIPAL OFFICE

Principal street address

5645 Coral Ridge Dr. Num 269

Coral Springs, FL 33076

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Starting a new business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of authorized stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Lavoro, President

Name and Title: N/A

Address: 5645 Coral Ridge Dr. Num 269

Address:

Coral Springs, FL 33076

Name and Title: N/A

Name and Title: N/A

Address:

Address:

Name and Title: N/A

Name and Title: N/A

Address:

Address:

(cont.)

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN 24 PM 3:46

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Chris Lavoro
Address: 5645 Coral Ridge Dr. Num 269
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Chris Lavoro
Address: 5645 Coral Ridge Dr. Num 269
Coral Springs, FL 33076

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1-3-2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

1-3-2014

Date