

P140000040003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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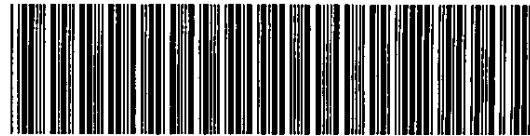
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/06/14--01011--025 **78.75

FILED
14 MAY -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/7/14

COVER LETTER

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

SUBJECT: **RautNet 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **Sanjay Raut**

Name (Printed or typed)

803 Southern Creek Dr.

Address

St. Johns, FL 32259

City, State & Zip

630 849 1809

Daytime Telephone number

sanjayraut@gmail.com

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

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14 MAY -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: RautNet Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

803 Southern Creek Dr.

St. Johns, FL 32259

14 MAY -6 PM 2: 01
Mailing address, if different from:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Computer Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sanjay Raut

Name and Title: _____

Address 803 Southern Creek Dr.

Address: _____

St. Johns, FL 32259

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Sanjay Raut
Address: 803 Southern Creek Dr.
St. Johns, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sanjay Raut
Address: 803 Southern Creek Dr.
St. Johns, FL 32259

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

05/01/2014
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

05/01/2014
Date

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14 MAY -6 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA