# 12200060546

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docum	nent Number	
Certified Copies		
Certified Copies	Certificate	s or status
Special Instructions to Filin	g Officer:	



400384273614

03/24/22--01006--024 \*\*137.50

2022 TRAT -5 - PM 3: 30

122 MAY -5 PH 3: 3

MAJWWUMM

April 13, 2022

RAPTOR IT CONSUTANTS 467 SYCAMORE SPRINGS ST. DEBARY, FL 32713

SUBJECT: RAPTOR IT CONSUTANTS

Ref. Number: W22000048782

We have received your document for RAPTOR IT CONSUTANTS and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document is illegible and not acceptable for imaging.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 522A00008521

2022 MAY -5 PM 3: 3

#### **COVER LETTER**

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Raptor IT Consultants SUBJECT: Enclosed is an original and one (1) copy of the Articles of Domestication and a check: FEES: Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total filing fee \$128.75 **OPTIONAL:** Certificate of Status \$ 8.75 From: Raptor IT Consultants Name (printed or typed) 467 Sycamore Springs St. Address DeBary, FL 32713 City, State & Zip 916-542-1566 **Daytime Telephone Number** sarah@raptorit.net

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

INHS53 (3/20)

## Articles of Domestication Foreign Corporation Domesticating to Florida

The u	ndersigned, Sarah Kelley	CFO
	(Name)	(Title)
of R	aptor IT Consultants $ $	, a foreign
Dome	ration, in accordance with s. 607.11922, Floridation.	
1.	Then name of the domesticating corporation	is Raptor IT Consultants Inc.
	· ·	(Foreign Corporation)
2.	The jurisdiction and date of its formation is	CA, 12/19/2019
3.	The name of the domesticated corporation is	
4.	The jurisdiction of formation of the domestic	ated corporation is <b>Florida</b>
5.	The domestication corporation is a foreign coapproved in accordance with its organic law.	orporation and the domestication was
6.	Attached are Florida Articles of Incorporation requirements pursuant to s.607.0202, F.S.	to complete the domestication
certif	y I am authorized to sign these Articles of Dom	nestication on behalf of the corporation
	(Authori	zed Signature)

### ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

.

And the second of the second

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL BE:		
Raptor IT Consultants "Twc.		
ARTICLE II PRINCIPAL OFFICE	<u>2</u>	
THE PRINCIPAL PLACE OF BUSINESS/ MAILING	ADDRESS IS:	
Principal Address 467 Sycamore Springs St. Debary, FL 32713	Mailing Address 467 Sycamore Springs St. Debary, FL 3	2713
		2022
		2022 MAY -
ARTICLE III PURPOSE		-5 P
THE PURPOSE FOR WHICH THE CORPORATION IT Consulting	N IS ORGANIZED:	PH 3: 31
ARTICLE IV SHARES		
THE NUMBER OF SHARES OF STOCK IS: 10,000	0,000	
	GENT AND STREET ADDRE	· -
THE NAME AND FLORIDA STREET ADDRESS	(P.O. BOX <b>NOT</b> ACCEPTABLE) OF THE	REGISTERED AGENT IS:
Ashton Kelley		
467 Sycamore Springs St.	int Australia	
DeBary, FL 32713		
HAVING BEEN NAMED AS REGISTERED AG	ENT AND TO ACCEPT SERVICE OF E	PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PLACE		
WITH AND ACCEPT THE APPOINTMENT AS R	REGISTERED AGENT AND AGREE TO	ACT IN THIS
CAPACITY.		7 . 2 2 2
Cir		3-11-2022
Signature/Registered Agent		Date

### ARTICLE V DIRECTORS AND/ OR OFFICERS

	Ashton Kelley/ CEO	Name & Title:	Sarah Kelley/ CFO
Address:	467 Sycamore Springs St.	Address:	467 Sycamore Springs St.
	DeBary, FL 32713		DeBary, FL 32713
Name & Title:		Name & Title: Address:	
Name & Title: Address:			2022 MAY
Name & Title: Address:		Name & Title: Address:	AY -5 PH 8: 31
I submit this docu information subm provided for in s.8	ment and affirm that the facts sta itted in a document to the Depart 17.155.F.S.	ated herein are true ment of State cons	e. I am aware that false titutes a third degree felony as
			3-11-2022