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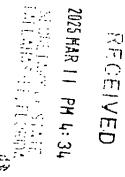
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>120210000160: \$70.00</u> Authorization Signature 2nd la Razan Technology Inc. Business Name #Document Will wait Walk in Certified Copy ___Certificate of Status **AMENDMENTS NEW FILINGS** _ __Amendment Profit Resignation of R.A. Not for Profit Change of Registered Agent LLC Revocation of Dissolution Domestication _ _ Conversion X INC ___Statement of Authority CORP Merger LP **REVOCATION OF DISSOLUTION** REGISTRATION/QUALIFICATIONS **OTHER FILINGS** Foreign Filing TRANSMITTAL LETTER Partnership Reinstatement Fictitious Name Statement of CORRECTION _ Statement of Authority Domestication of a Foreign Corp. APOSTIL _ COUNTRY Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

A Property of

(850) 524-6243	
Please use funds from the account Authorization Signature	_ <u> 120210000160: \$70.00</u>
Razan Technology Inc. Business Name	#Document
Walk in	Will wait
Certified Copy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication _ X INC CORP LP	Amendment Resignation of R.A. Change of Registered Agent Revocation of Dissolution Conversion Statement of Authority Merger REVOCATION OF DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement Statement of CORRECTION
Statement of Authority	Domestication of a Foreign Corp.
APOSTIL COUNTRY	Other
EXAMINER'S INITIALS:	

COVER LETTER

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

Contract Con

SUBJECT:	Razan Technology Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
⊠ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:		e (Printed or typed)	
	2151 University blv	d S	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Jacksonville FL 322	216	
_	City	, State & Zip	
	904-730-926	4	
	Daytime *	relephone number	
	Brett@isaactaxc	pa.com	
	E-mail address: (to be use	ed for future annual report	notification)

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)

2162 Harbor L	RINCIPAL OFFICE Principal street address ake Drive	Mail	ing address, if different is:
Fleming Island	FL 32003		
<u> </u>	RPOSE ch the corporation is organized is:	To operate an Mobile Ap	·
11/7/6/11/	RES f stock is:		.3
TICLE V INITI	AL OFFICERS AND OF THE STATE OF		
Name and Title: Hussam Chahin President Address 2162 Harbor lake Drive	Name and Title: Address:		
		Address:	•••
	Fleming Island, FL 32003		
	Fleming Island, FL 32003 Razan Shehab Vice President		
Name and Title: Address	Razan Shehab Vice President 2162 harbor lake Or		
Address	Razan Shehab Vice President 2162 harbor lake Dr Fleming Island, FI 32003	Name and Title:Address:	
Address	Fleming Island, FL 32003 Razan Shehab Vice President 2162 harbor lake Dr	Name and Title:Address:	

Name and T	itle:	Name and Title:
Address		
ARTICLE VI RE The name and Flori	<u>GISTERED AGENT</u> dn street address (P.O. Box NOT acceptable)	of the registered agent is:
Name: _	Brett ISaac	gen to
Address:	2151 University S	
	Jacksonville, FL 32216	
ARTICLE VII - IN	CARBAR ITAR	
	uss of the Incorporator is:	
Name:	Brett Isaac	
Name: Address:	2151 Univeristy Blvd S	<u> </u>
74001 033 .	Jacksonville FL 32216	 ·•
		· i
ARTICLE VIII EI	FECTIVE DATE:	
II an effective date	er than the date of filing:	not be more than five days prior or 90 days after the h
iling.)		
Note: If the date ins	erted in this block does not meet the applical tive date on the Department of State's record	ole statutory filing requirements, this date will not be listed a
are document s cree	arve date on the Department of State's recort	is
Having been named	as registered agent to Jiccept service of proces.	s for the above stated corporation at the place designated in th
certificute, I am fami	liar with und accept the appointment as regis	tered agent and agree to act in this capacity
	Milly	03/11/2025
/	Required Signature/Registered Agent	Date
submit this docume document to the Depo	ent and affirm that the facts stated herein a arphent offsigle constitutes a third degree feld	re true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.
/	M/I/II	

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H