

January 14, 2025

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 075117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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Email Address: sosfilings@gunster.com

## Foreign Limited Liability Company Rapid Sale, Inc.

Certificate of Status	1
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January 24, 2025

## FLORIDA DEPARTMENT OF STATE

GUNSTER, YOAKLEY & STEWART, P.A. Division of Corporations

SUBJECT: RAPID SALE, INC.

REF: W25000009018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II Registration Section

FAX Aud. #: H25000016835 Letter Number: 725A00001504

Please use original submission

Page: 3 of 5

From: Judy Welch

## 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.

	orporation; must include "INCORPORATED	)," "COMPANY," "CORPORATION,"			
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
			•		
(If name unavail	able in Florida, enter alternate corporate name		ness in Florida)		
2. Delaware	3	36-5122428	-5122428		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	ile)		
1. October 21, 202		. (Date of duration, if other than p			
(Date	of incorporation)	(Date of duration, if other than p	erpetual)		
5					
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
7 North Clematis	Street, Suite 550, West Palm Beach, FL 3340				
· ·	(Principal of	fice street address)			
	(Current mail	ing address, if different)			
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)			
Name:	GY Corporate Services, Inc.				
Office Address:	777 S. Flagler Drive, Suite 500 E		· 第三		
	West Palm Beach	, Florida 33401	1025 JAH 14 PH 5: 27		
	(City)	(Zip code)	2		
O Danistarad an	ent's acceptance:		دــــ		
Having been nan	ned as registered agent and to accept ser	vice of process for the above stated corp	poration at the place		
designated in this	s application, I hereby accept the appoint comply with the provisions of all statutes	tinent as registered agent and agree to	act in this capacity. I		
	comply with the provisions of all statutes r with and accept the obligations of my p		joimance of my values,		
	/s/ James B. Davis, Vice President				
_	·				
	(Registered agent's	signature)			

<sup>10.</sup> 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	Name:	Chairman	Name:				
□Vice Chairman	Address: 1 North Clematis Street	□Vice Chairman	Address:				
Director	Suite 550	Director					
President	West Palm Beach, FL 33401	□President					
□ Vice President		□Vice President					
Scoretary	☐ Treasurer	□ Secretary		☐Treasurer			
Other	Other	[]Other	-=	[]Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
∐Director		Director					
□President		□ President		(A)			
□Vice President		∐Vice President		<u></u>			
Secretary	☐ Treasurer	ElSecretary		☐ Treasurer			
Other	□Other	□Other		Other			
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President	-				
□Secretary	☐ Treasurer	□ Secretary		☐Ticasurer			
Other	ClOther	□Other		(1) Other			
Important Notice: Use an attackment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added in the index when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer							
	Signature of Director	or or Officer					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated begin are true and that he or she is aware that 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.  Adam Reece, President							

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

2025-01-30 10:34:51 EST



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I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAPID SALE, 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 THIRTIETH DAY OF JANUARY, A.D. 2025.

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



You may verify this certificate online at corp.delaware.gov/authver.shtml

5639271 8300 SR# 20250315714 Charuni P. Sanchez, Secretary of State

C. G. Sanchez

Authentication: 202817231

Date: 01-30-25