

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

FL 2-5-25

H25000006290

Never leave print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000042154 3)))



H250000421543ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MB21, LLC
Account Number : 120230000027
Phone : (786)992-8717
Fax Number : (305)859-7859

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2025 FEB -4 AM 8:31
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FLORIDA PROFIT/NON PROFIT CORPORATION
RAPI SOLUTIONS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2025 FEB -4 PM 1:28
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: RAPI SOLUTIONS, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2052 SW 1ST ST APT 404MIAMI, FL 33135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RONALD, MORALES - PRESIDENT Name and Title: _____Address 2052 SW 1ST ST APT 404 Address: _____MIAMI, FL 33135 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2025 FEB -4 PM 1:28
STATE
CLERK

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: RONALD. MORALESAddress: 2052 SW 1ST ST APT 404MIAMI, FL 33135**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: RONALD, MORALESAddress: 2052 SW 1ST ST APT 404MIAMI, FL 331352025 FEB -1 PM 1:28
STATE
FL**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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 02/03/2025
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 02/03/2025
Date