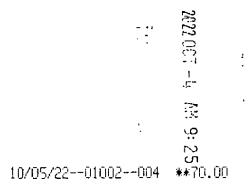
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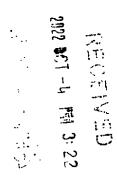
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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S. ROBERTS

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#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Real Lurra III, In	c.			
-		-		
			1	
			-	
				Art of Inc. File
,			<del></del>	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
-				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
MINE	Date	THUE		UCC 11 Retrieval
*** ** **			I	

### 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.

(If name unavaila	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Flo	orida)
Delaware	3.			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
November 16, 20	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
Has not trasacted	l business in Florida			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	florida, if prior to registration) 2, F.S., to determine penalty liability	·)	
1000 Brickell Ave	Suite 300, Miami, FL 33131			
	(Principal office	street address)		
1000 Brickell Av	e., Site 300, Miami, FL 33131			
	(Current mailing	address, if different)	****	
Name and stree	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	70 m 10 m 10 m	7077 OCT -4
Name:	AGI Registered Agents, Inc.			, <u>F</u> _
ffice Address:	1000 Brickell Ave., Suite 300	_		75
	Miami	, Florida 33131(Zip code)		9: 2
	(City)	(Zip code)		S
laving been nam	nt's acceptance: ed as registered agent and to accept service	of process for the above stated		it the pi
irther agree to co	application, I hereby accept the appointme omply with the provisions of all statutes relawith and accept the obligations of my posit	ative to the proper and complete		
nd I am familiar				

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. 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

#### A. DIRECTORS: PaulCochlo Name: \_\_\_\_ Name: □ Chairman □ Chairman 1000 Brickell Ave. ☐ Vice Chairman Address: ☐ Vice Chairman Address: Suite 300 ■ Director □ Director Miami, FL 33131 President □President □ Vice President \_\_\_\_\_\_ □ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐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 □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 ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein 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.

Paul Coehlo, Director

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REAL LURRA US III 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 THIRD DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REAL LURRA US

III INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D.

2021.

Authentication: 204535578

Date: 10-03-22