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2011 OCT 20 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/13/11 OCT 20 2011  
J. Shivers

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PRIMEAMERICAN REALTY & MANAGEMENT INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RAFael CRUCES

Name of Person

PRIMEAMERICAN REALTY & MANAGEMENT INC.

Firm/Company

1250 ROMANI AVENUE

Address

CHAMPIONS GATE, FL 33896

City/State and Zip code

RCRUCES.biz@gmail.com

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

For further information concerning this matter, please call:

RAFael CRUCES

Name of Person

at ( 917 ) 686-4192

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &  
Certificate of Status



\$78.75 Filing Fee &  
Certified Copy



\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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.

1. PRIMAMERICAN REALTY & MANAGEMENT INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 20-0970642  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 6, 2004 5. Perpetual N/A  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 307 W. 39<sup>th</sup> STREET - STE 1 - NY, NY, 10018  
(Principal office address)

1250 ROMANI AVENUE CHAMPIONS GATE, FL 33896  
(Current mailing address)

8. Real estate & management  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TIFFANY MAY CRUCES

Office Address: 1250 ROMANI AVENUE

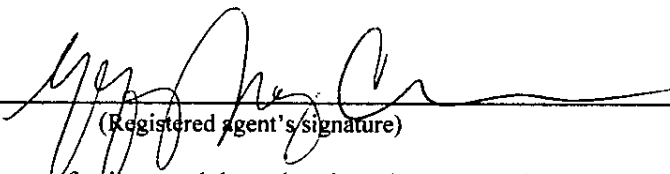
CHAMPIONS GATE, Florida 33896  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: RATALL CRUCES

Address: 1250 ROMANA AVENUE

CHAMPIONS GATE, FL 33896

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. RATALL CRUCES

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

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of PRIMEAMERICAN REALTY & MANAGEMENT INC. was filed on 04/06/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 12th day of September two  
thousand and eleven.*

*First Deputy Secretary of State*