Phasing 1

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	(f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	9)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W16-52588	4099	

Office Use Only



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AUG 0 4 2016 S. YOUNG SECRETARY OF STATE AND STATE OF STATE O



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

MATTHEW O'BYRNE 1925 SW 18TH CT STE 107 OCALA, FL 34471

SUBJECT: REALTY ZONE INC. Ref. Number: W16000052588

We have received your document for REALTY ZONE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young Regulatory Specialist II

Letter Number: 616A00015879

SECRETARY OF STALE TALLARIY SOFE, FLORIDA

Attn: Shelia Young

Division of Corporations

Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Document # W16000052588

Dear Shelia,

Please see the attached updated registration for our Delaware profit corporation – Realty.Zone Inc. Because a similar name to ours already existed, please use the new name listed on the application:

Realty.Zone Florida Inc. - With a period between Realty and Zone.

Please call me if you have any questions at all and if you wouldn't mind sending me an email once it is online that would be amazing – $\underline{matt@realty.Zone}$

Cell Phone: 352-895-9377

Thank you so much Shelia and have a wonderful day!

Matt

COVER LETTER

	gistration Section vision of Corporations			
	Realty.Zone Inc.			
SUBJECT		of corporation -	must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign C of Existence," or "Certificate enced foreign corporation to	te of Good Standi	ng" and check are subn	
Please retur	rn all correspondence concer	ning this matter to	the following:	7
Matthew O'l	Byrne			古艺
		Name of Pe	rson	16 106 -3 F
Realty.Zone	Inc.			$\dot{\omega}$
1925 SW 18	3th CT, STE 107	Firm/Compa	any	16 1136 -3 PH 3: 47
		Address	3	=======================================
OCALA, FI	. 34471			
		City/State and	Zip code	
matt@realty	zone.			
	E-mail addre	ss: (to be used for	future annual report no	otification)
For further	information concerning this	matter, please cal	1:	
Matthew O'	Byrne	352	895-9377	
Na	ame of Person	at (Area Code	Daytime Telepho	one Number
Rep Div Cli 266	REET/COURIER ADDRE gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, FL 32301	SS:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is	a check for the following an	nount:		
5 \$70.00 l	Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

State or country under the law of which it is incorporated) (FEI number, if applicable)		one Florida Inc. able in Florida, enter alternate corporate name ado	oted for the purpose of transacting business	in Florida)	
(State or country under the law of which it is incorporated) 07/12/2016 5. (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1925 SW 18TH CT, STE 107, OCALA, FL 34471 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Matthew O'Byrne 1925 SW 18TH CT, STE 107 OCALA 34471	Delaware	81-	81-3238032		
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1925 SW 18TH CT, STE 107 1925 SW 18TH CT, STE 107	•	y under the law of which it is incorporated)	, , , , , , , , , , , , , , , , , , ,		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew O'Byrne	(Date of incorporation)		(Date of duration, if other than perpetual)		
Name: Matthew O'Byrne 1925 SW 18TH CT, STE 107 OCALA 34471	1925 SW 18TH (· · · · · · · · · · · · · · · · · · ·	ffice address)	AUG -3	
Name:	Name and street	_	•	M 3: L7	
fice Address: OCALA 34471	Name:		_		
Florida	fice Address:		 24471	•	
(City) (Zip code)			, Florida		

9. 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)

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 under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Matthew O'Byrne Chairman: 1925 SW 18TH CT, STE 107 Address: OCALA, FL 34471 **Emmitte Beard** Vice Chairman: 1925 SW 18TH CT, STE 107 Address: OCALA, FL 34471 Matthew Morris Director: 1925 SW 18TH CT, STE 107 Address: _ OCALA, FL 34471 Director: _ Address: **B. OFFICERS** Matthew O'Byrne President: 1925 SW 18TH CT, STE 107 Address: OCALA, FL 34471 Address: ____ Secretary: _ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Matthew O'Byrne 13.

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

Addendum To Foreign Corporation Authorization to Transact Business in Florida For Realty.Zone Inc.

Additional Officers of Realty.Zone Inc.

Chief Executive Officer: Matthew O'Byrne

Address: 1925 SW 18TH CT, STE 107

OCALA, FL 34471

Chief Operating Officer: Emmitte Beard

Address: 1925 SW 18TH CT, STE 107

OCALA, FL 34471

Executive Vice President: Matthew Morris

Address: 1925 SW 18TH CT, STE 107

OCALA, FL 34471

Chief Financial Officer: Matthew O'Byrne

Address: 1925 SW 18TH CT, STE 107

OCALA, FL 34471

Vice President of Real Estate: Joseph Vorwerk

Address: 1925 SW 18TH CT, STE 107

OCALA, FL 34471

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "REALTY.ZONE INC.", FILED IN THIS OFFICE ON THE TWELFTH DAY OF JULY, A.D. 2016, AT 11:06 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE SUSSEX COUNTY RECORDER OF DEEDS.

SPONS -3 PH 3: 48



Authentication: 202642519

Date: 07-12-16