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(Re	equestor's Name)					
(Ac	ddress)					
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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COVER LETTER

TO:	Registration Se Division of Co						
SUR.	JECT:	REALT	ECH SOLUT	IONS GROUP INC.			
OIA		Name of	corporation	- must include suffix			
Dear :	Sir or Madam:						
"Cert	ificate of Existend		f Good Stan	Authorization to Transac ding" and check are sub ss in Florida.			
Please return all correspondence concerning this matter to the f			-	2019 JUG SEC: TALL/H/			
			Name of I	Person	HASSE 100 - 6		
		2375 SAIN	Firm/Com T JOHNS BI	pany .UFF RD S STE 303	PR 3:		
Address				30 10A			
		JA	CKSONVILL	E, FL 32246			
			City/State ar	id Zip code			
				rp@gmail.com			
		E-mail address: (to be used f	or future annual report r	notification)		
For fi	irther information	concerning this mat	ter, please c	all:			
RICK MARTORANO		NO at	904	217-5818			
Name of Person			Area Code	Daytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for	the following amou	nt:				
S \$7	0.00 Filing Fee	□ \$78.75 Filing I Certificate of		\$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.

REA	LTECH SO	DUTIONS GROUP INC.						
(Enter		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "СОМІ	PANY." "CORPORAT	ION,"			
(If na	me unavaila	ble in Florida, enter alternate corporate name	adopted f	or the purpose of transa	cting busines	s in Flo	orida)	
HAV	VAII	3	84-2573	769				
(Stat	(State or country under the law of which it is incorporated) 3/21/2017			(FEI number, if applicable) PERPETUAL				
··	(Date of incorporation) (Date of durat			(Date of duration, if or	her than perp	petual)		
6								
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida. ISO2 FS	if prior to registration)	. De dilide	2019		
7		2375 SAINT JOHNS BLUFF R			•	AUG	77	
		(Princ	ipal office	address)	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	-6 PH	Ī	
		(Current mail	ing address	s, if different)	S DATE FLORID	3: 30		
8. Nam	e and <u>stree</u>	t address of Florida registered agent: (P.	O. Box <u>1</u>	NOT acceptable)	ン	_		
	Name:	RICK MARTORANO						
Office Address:		2375 SAINT JOHNS BLUFF RD S STE	303					
		JACKSONVILLE	F	32246 Torida				
		(City)	······································	(Zip code)				

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 Chairman: Vice Chairman: Address: _____ RICK MARTORANO Director: 2375 SAINT JOHNS BLUFF RD S STE 303 JACKSONVILLE, FL 32246 Address: ____ **B. OFFICERS** RICK MARTORANO 2375 SAINT JOHNS BLUFF RD S STE 303 JACKSONVILLE, FL 32246 Address: Vice President: Address: __ RICK MARTORANO Treasurer: 2375 SAINT JOHNS BLUFF RD S STE 303 JACKSONVILLE, FL 32246 Address: ___ NOTE: If necessary, you may attack 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. RICK MARTORANO PRESIDENT

13. _____



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

REALTECH SOLUTIONS GROUP INC.

was incorporated under the laws of Hawaii on 03/21/2017; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: July 31, 2019

Catamit. Owal: Calm

Director of Commerce and Consumer Affairs