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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corpo			
SUBJECT: Fave Realty	Inc		
-	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"	n by Foreign Corporation fo or "Certificate of Good Sta corporation to transact busin	inding" and check are sub-	•
Please return all correspor	idence concerning this matte	er to the following:	₩ 20
Rahreese Kenchen			2020 JUL SEGREDA
Name of Person Fave Realty Inc		29	
. 1-1-1-	Firm/Coi	mpany	
117 South 4th Street		• •	TLORIE
	Add	ress	>
New Hyde Park, NY 11040			
	City/State	and Zip code	
reesetherealtor@gmail.com			
	E-mail address: (to be used	for future annual report n	otification)
For further information co	ncerning this matter, please	call:	
Rahreese Kenchen	at (646	dc Daytime Telepl	
Name of Person	Area Cod	de Daytime Telepl	none Number
Registration Section Division of Corporate Centre of Tale 2415 N. Monroe States	REET/COURIER ADDRESS: Instration Section Sign of Corporations Centre of Tallahassee Sign Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations
· ·	o: FLORIDA DEPARTMEN'	T OF STATE ☐ \$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.	Fave Realty Inc							
1.	(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "CO	MPANY," "CORPORAT	TION,"			
	(If no ma umaumila	ble in Florida, enter alternate corporate name	adopte	ed for the purpose of transa	acting busin	ess in F	lorida)	
2.	New York	3.	61-16	589599				
۷.,	(State or country	y under the law of which it is incorporated)	t is incorporated) (FEI number,		if applicable)			
4.	07/16/2012	5.						
٦.	(Date	of incorporation)			, if other than perpetual)			
6.								
٠.		(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Flori 502, F	da, if prior to registration) .S., to determine penalty li	ability)			
7	117 South 4th Str	eet New Hyde Park, NY 11040			<u> </u>	202		
•		(Principal off	nce <u>str</u>	eet address)	AHAS	2020 JUL 2		
		(Current maili	ng add	ress, if different)	STELL FLORIDA	9 PH	1	
8.	Name and street	et address of Florida registered agent: (P.	O. Box	x NOT acceptable)	02.2 22.2	ુ છુ		
	Name:	Registered Agent Service	···		5	27		
O	ffice Address:	7901 4th St N STE 300						
		St. Petersburg		, Florida	_			
		(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 in a second state.

Chairman	Name: Rahreese Kenchen	□Chairman	Name:	
□Vice Chairman	Address: 117 South 4th Street	□Vice Chairman		
□ Director	New Hyde Park, NY 11040	□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:	2020 JUL
□Director		□Director		→ N r=
President		□President		20 p
□Vice President		□Vice President		
☐ Secretary	[]Treasurer	Secretary		ETreasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		 <u></u>
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
Important Notice: U individuals may be a		nt of State Annual Re	I for reporting pu port form.	urposes only. Non-indexed
	Signature of Director of	r Officer		
she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in number se information submitted in a document to the Departmenter President & CEO	11 above) affirms the ment of State constitut	at the facts stated tes a third degree	I herein are true and that he or felony as provided for in

A. DIRECTORS

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of FAVE REALTY INC was filed on 07/16/2012, 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.



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2020 JUL 29 PM 3: 27

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of July two thousand and twenty.

Braden C Hydro

Brendan C Hughes
Executive Deputy Secretary of State

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