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MAY - 4 2021 M. SOLOMON

COVER LETTER

	Registration Section Division of Corporations					
	LITTO DE LA TRACTORIO					
SUBJECT: Name of corporation - must include suffix						
Dear Sir	or Madam:					
"Certific	losed "Application by Foreign Corporation for Authorization to Transact Business in Flocate of Existence," or "Certificate of Good Standing" and check are submitted to register derenced foreign corporation to transact business in Florida.	rida," the				
Please re	eturn all correspondence concerning this matter to the following:					
NICHOL	AS G. SADAKA, ESQ.					
	Name of Person		~			
NICHOL	AS G. SADAKA, P.A.		82 1			
	Firm/Company	7 (1) 7 (1) 10 (1)	APR 14			
8551 W S	SUNRISE BLVD, STE 102	1888 1888	-			
	Address	<u> </u>	_ - PX			
PLANTA	ATION, FL 33322	10.3 12.5	_ယ္			
	City/State and Zip code	ЭĦ	35			
Kevinp@	pgco.com E-mail address: (to be used for future annual report notification)		_			
For furth	er information concerning this matter, please call:					
Kevin A.	Papa, CPA at (401 831-0200					
	Name of Person Area Code Daytime Telephone Number	_				
 - -	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314					
Please ma	Lis a check for the following amount: ske check payable to: FLORIDA DEPARTMENT OF STATE 0 Filing Fee \$\Begin{array}{c} \$78.75 \text{ Filing Fee & } \$87.50 \text{ Filing Fee & } \$87.50 \text{ Filing Fee & } \$Certificate & \$Certifi	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.

L. HTP REALTY	/, INC.			
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	-	
HTP REALTY	FLORIDA, INC.			
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	_	
RHODE ISLAND		05.0400220		
(State or coun	1, 1995	(FEI number, if applicable)	-	
(Date of incorporation)		(Date of duration, if other than perpetual)	-	
7. 2255 WARWIC	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 K AVENUE, WARWICK, RI 02889	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	
	(Principal offi	ice street address)	-	
18 GASPEE PC	DINT DRIVE, WARWICK, RI 02888			
	(Current mailir	ng address, if different)	2021 A	
8. Name and stre	eet address of Florida registered agent: (P.C	D. Box NOT acceptable)	APR	
Name:	NICHOLAS G. SADAKA, ESQUIRE	558 	14 P	
Office Address:	8551 W SUNRISE BLVD. #102		PH 3:	
	PLANTATION	, Florida	: 35	
	(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.

A. DIRECTORS	H THOMAS PATRICK				
□Chairman —	Name:	□ Chairman	Name:		_
□Vice Chairman	Address: WARWICK, RI 02888	□Vice Chairman	Address:		_
Director	WARNICK, KI 02000	☐ Director		<u> </u>	_
🛱 President		President			_
□Vice President		□Vice President		<u> </u>	_
■ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		Other	_
□Chairman	Name:	□Chairman	Name:		_
□Vice Chairman	Address:	□Vice Chairman	Address:		_
□Director		□Director		<u> </u>	_
□President		□President		 	_
□ Vice President		□Vice President		24 21	
[]Secretary	☐ Treasurer	□Secretary		ClTreasurer P	
□Other	[]Other	□Other	<u>_</u>	□Other mo	آ ۱۱-
				F 17 8:	
□Chairman	Name:	□Chairman	Name:	5E 5.1	_
□Vice Chairman	Address:	∏Vice Chairman	Address:		_
Director		□Director			_
□President		□President			-
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	□Secretary		□Treasurer	
□Other	[]Other	□Other		LlOther	
Important Notice: I	ico an attachment to report more than six (6). The con-				
individuals may be	ise an attachment to report more than six (6). The attached to the index when filing your Florida Departm	ent of State Annual Rep	or reporting poor form.	purposes only. Non-indexed	
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.



CERTIFICATE OF GOOD STANDING

I. Nellie M. Gorbea. Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

HTP REALTY, INC.

is a Rhode Island Business Corporation organized on **September 01, 1995.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed: all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

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SIGNED and SEALED on

Tullin U. Soler

April 12, 2021

Secretary of State

Certificate Number: 21040119680

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli