F211000 02603

(Requestor's Name)					
(Address)					
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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	ECT:	REAL ESTATE	MKTG PRO, INT.			
			Name of corpora	tion - m	ust include suffix	
Dear Sir	r or Ma	adam:				
"Certific	cate of	Existence," or		Standing	norization to Transact Business in Florida," and check are submitted to register the Florida.	
Please re	eturn a	ll corresponden	ce concerning this ma	itter to th	he following:	
JASON	BEAR	DEN				
		·····	Name	of Pers	on	
REAL E	STATE	E MKTG PRO, IN	IT.			
		-	Firm/C	Company	у	
2925 DE	ESERT	PLAIN CV				
			A	ddress		
LAKEW	/OOD I	RANCH, FL 3421	1			
			City/Sta	te and Z	ip code	
Jason@r	calesta	temktg.com				
		E-n	nail address: (to be us	ed for fu	iture annual report notification)	
For furth	her inf	ormation concer	ning this matter, plea	se call:		
JASON BEARDEN		941 at (` 3	330-3843		
	Name	of Person	Area (Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ake che	ck payable to: FIng Fee 🔲 \$	lowing amount: LORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & S87.50 Filing Fee, ertified Copy 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.

REAL ESTATE MKTG PRO, INT.					
	ame of corporation; must include "INCORPORAT Co.," "Corp," "Inc," "Co." or "Corp.")	ATED," "COMPANY." "CORPORATION."			
REAL	ESTATE MKTG PRO, INT. CORP.				
(If name	unavailable in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Florida)			
2. NEVA	DA	3 86-3134714			
	or country under the law of which it is incorporated	ted) (FEI number, if applicable)			
4. 04-08-2	2021	PERPETUAL 5.			
	(Date of incorporation)	(Date of duration, if other than perpetual)			
6. NO BL	ATION.				
	(SEE SECTIONS 607.1501 & 6	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)			
72925 DE	SERT PLAIN CV. LAKEWOOD. FL 34211				
	(Principa	pal office street address)			
SAME					
	(Current n	mailing address, if different)			
8. Name	and street address of Florida registered agent:	t: (P.O. Box <u>NOT</u> acceptable)			
N	lame: JASON BEARDEN	·			
Office Ad	dress: 2925 DESERT PLAIN CV				
	LAKEWOOD	, Florida ³⁴²¹¹			
	(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 Name: CHARLEEN FULTON CHARLEEN FULTON □ Chairman ☐ Chairman 17300 MAJESTIC VIEW DR 17300 MAJESTIC VIEW DR ☐ Vice Chairman Address: ☐ Vice Chairman Address: RENO, NV 89521 RENO. NV 89521 □ Director ■ Director President □ President □Vice President _____ ☐ Vice President □Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ Other ___ Name: ____ □ Chairman □ Chairman Name: Address: 17300 MAJESTIC VIEW DR ☐ Vice Chairman □Vice Chairman Address: RENO, NV 89521 ☐ Director □ Director □President □ President □Vice President ☐ Vice President □Treasurer ■ Secretary ☐ Treasurer □ Secretary □Other____ Other ____ Other____ CHARLEEN FULTON □ Chairman ☐ Chairman Name: 17300 MAJESTIC VIEW DR Address: _____ □Vice Chairman ☐Vice Chairman Address: **RENO, NV 89521** □ Director ☐ Director □ President President □ Vice President □Vice President □ Secretary Treasurer □ Secretary □Treasurer Other _____ Other _ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

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

CHARLEEN FULTON

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **REAL ESTATE MKTG PRO, INT.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/08/2021, and is in good standing in this state.

Certificate Number: B202104081579541

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/08/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State