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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

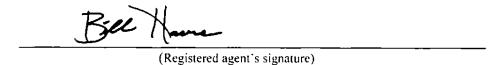
	stration Section ion of Corporations			
SUBJECT:	Century 21 Veterans Corp			
SCHOLC1.	Name o	of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standi	ng" and check are subm	
Please return	all correspondence concerni	ng this matter to	o the following:	
Kenneth Mura	wski			
		Name of Pe	erson	· · · - · · · · · · · · · · · · · ·
Century 21 Ve	eterans Corp			
		Firm/Comp	any	
501 Walker A	ve			
		Addres	5	
Langhorne Pa	. 19047			
	-	City/State and	l Zip code	
Ken@C21Vet				
	E-mail address	: (to be used for	r future annual report no	dification)
For further in	formation concerning this m	atter, please cal	1:	
Kenneth Mura	wski	at (215	806-3629	
Nam	e of Person	Area Code	Daytime Telepho	ne 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		
	check for the following amoneck payable to: FLORIDA DI ing Fee	EPARTMENT C g Fee & □	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.

	corporation; must include "INCORPORATED," 'Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavai	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)	-	
Pennsylvania 3.		EINH 46-332 1166		
Pennsylvania (State or country under the law of which it is incorporated) (FEI number, if applicable)		(FEI number, if applicable)	_	
JULY	2 B , 2013 5.			
July 28, 2013 5. (Date of incorporation) (Date of decomposition)		(Date of duration, if other than perpetual)		
501 Wall	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Ker Ave Langhorne Penns	2. F.S., to determine penalty liability)	_	
	= = = = =			
	(Principal office	street address)	_	
		street address) address, if different)	-	
Name and <u>stre</u>		address, if different)	202	
Name and <u>stre</u> Name:	(Current mailing a	Box NOT acceptable)	2021 SEF	
Name:	(Current mailing a et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	2021 SEP 28	
	(Current mailing a et address of Florida registered agent: (P.O.) Registered Agents Inc. 7901 4th St N STE 300	address, if different)	2021 SEP 28 PM I	

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.



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.

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A. DIRECTORS	Kenneth Murawski	Псы:		iie Banks		
□ Chairman	Name: 1226 Veterans Hwy.	_ Chairman	Name:			
□Vice Chairman	Address:	_ □Vice Chairman	han Address:		_	
□Director		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:			
□Director	<u> </u>	_ Director				
□President		_ President				
□Vice President		_ □Vice President				
Secretary	☐Treasurer	□Secretary		□Treasurer		
□Other	Other	Other		Other		
						7027 S
□Chairman	Name:	□Chairman	Name:	_		3 d3S
□Vice Chairman	Address:	_ □ Vice Chairman	Address:	 .	# <u>\$</u>	83
□Director		_ Director			1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	- RI 13:
□President		_ President			241 261	 ယ <u>ယ</u>
□Vice President		_ □Vice President				
Secretary	□Treasurer	□Secretary		Treasurer		
□Other	□Other	Other		Other		
	Use an attachment to report more than six (6), added to the index when filing your Florida E Signature of D	Department of State Annual Reinfector or Officer	eport form.			

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 o 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.

13. Kenneth Murawski, President

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/23/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CENTURY 21 VETERANS CORP

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COMPONIES

IN TESTIMONY WHEREOF, I have bereinto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210723141574-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify