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XI

COVER LETTER

	ition Section of Corporations				
SUBJECT: K	Real Estate Ventures, Inc				
_	Name of	corporation - mus	t include suffix		
Dear Sir or Mad	am:				
"Certificate of E	Application by Foreign Corp Existence," or "Certificate of d foreign corporation to tran	f Good Standing"	and check are subr		
Please return all	correspondence concerning	this matter to the	following:		
Ari Vogan					
		Name of Person			
		Firm/Company			
3225 McLeod Dr.	, Suite 100				
		Address			
Las Vegas, NV 89					
.		City/State and Zip	code		
ra@andersonadvi		to be used for fut	ire annual report no	otification)	
			ne annuar report ni	omeanon)	
For further infor	mation concerning this mat	ter, please call:			
Ari Vogan	Ari Vogan ,800 ,706-4741				
Name o			none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	eck for the following amount k payable to: FLORIDA DEP g Fee	ARTMENT OF STREE & \$78.	FATE 75 Filing Fee & ified Copy	S87.50 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.

7.					
		able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting bu	isiness in Florida)	
2	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	04/30/2021 	55.			
	(Date	e of incorporation)	(Date of duration, if other than	perpetual)	
6				.	
		(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150			
7. 32	25 McLeod Dr	, Suite 100 Las Vegas, NV 89121			
		(Principal office	street address)	ر الا	
				NE TO	
		(Current mailing	address, if different)	2 2	
0 1			D MARE . 11.3		
8. 3	same and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	PH SSF	
	Name:	Anderson Registered Agents, Inc.			
Offi	ce Address:	625 E. Twiggs Street, Suite 110		PH 1:36	
		Tampa	, Florida <u>33602</u>	·	
		(City)	(Zip code)		
0 0	.				
		ent's acceptance: ied as registered agent and to accept service	of process for the above stated co	rporation at the place	
desi	gnated in this	application, I hereby accept the appointme	nt as registered agent and agree to	act in this capacity. I	
furt.	her agree to c	omply with the provisions of all statutes rel with and accept the obligations of my posit	ative to the proper and complete po	erformance of my duties	
шпи	i am junitiur	with and accept the obligations of my post	non as registerea agent.		
		(Registered agent's sign	nature)	_	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Chairman	Name:	∏Chairman	Name:	
	Address: 3225 McLeod Dr, Suite 100	□Vice Chairman	Address:	
Director	Lus Vegas, NV 89121	□Director		
President		□President		
□Vice President		□Vice President		
Secretary	1 Treasurer	⊡Secretary		□Treasurer
□Other	Other	□Other		□Other
☐Chairman	Norel Maria Suarez	□Chairman	Name:	<u>. </u>
□Vice Chairman	3225 McLeod Dr, Suite 100	□Vice Chairman	Address:	
Director	Las Vegas, NV 89121	□Director		
□President		□President		
■ Vice President		(I) Vice President		
□ Secretary	■ Treasurer	□\Secretary		☐Treasurer
Other	□Other	Other		[]Other
⊟Chaimnan	Name:	[]Chairman	Name:	
	Address:	□Vice Chairman	Address:	
[]]Dir e ctor		[]Director		
□President		☐ President		
□ Vice President		□Vice President	 _	
☐ Secretary	☐Treasurer	☐ Secretary		l∃Treasurer
□Other	[]Other	□Other	_ 	[]Other
individuals may b	Use an attachment to report more than six (6). The a per added to the index when filing your Florida Departs Signature of Directors	ment of State Annual Re	eport Iom.	
The officer or dir	ector signing this document (and who is listed in num false information submitted in a document to the Dep	ber 11 above) affirms ti	nat the facts sta	ted herein are true and that he or
13	Nored Si	Jarez, Offi	cer	

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for K Real Estate Ventures, Inc (file number 804046860), a Domestic For-Profit Corporation, was filed in this office on April 30, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 11, 2021.



Phone: (512) 463-5555

John B. Scott Secretary of State