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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. FRANKLIN MAY 0 7 2022

### COVER LETTER

_	tion Section of Corporation	ons				
	loud Realty. Inc					
SUBJECT:		Name of corpor	ation - :	must include suffix		
Dear Sir or Mad	am:					
"Certificate of E	xistence," or '		Standi	nthorization to Transac ng" and check are sub- in Florida.		
Please return all	corresponden	ce concerning this n	natter to	the following:		
Ralph Bridges						~- ·
	Name of Person		-	022		
Kloud Realty, Inc						
		Firm	/Compa	iny		2022 HAY -3
3959 Rolling Thic	eket Dr					P '
			Vddress		•	٠. ن <sup>ي</sup>
Spring, TX 77386	)					5
		City/St	ate and	Zip code		
ralph.bridges@klo	-	· · · · · · · · · · · · · · · · · · ·	1.6	<u> </u>		
	iz-n	iail address: (to be u	isea for	future annual report n	ouncation)	
For further infor	mation concer	ning this matter, ple	ase call	:		
Ralph Bridges		850 at (	)	485-5762		
Name o	f Person	Area	Code	Daytime Telepl	ione Number	<del></del>
Registra Division The Cen 2415 N.	T/COURIER tion Section of Corporatio tre of Tallahas Monroe Stree see, FL 3230	ns see t, Suite 810		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a che Please make check ☐ \$70.00 Filing	c payable to: FL Fee 🏻 🗎 \$	owing amount: ORIDA DEPARTM 78.75 Filing Fee & Certificate of Status	□ \$	F STATE 178.75 Filing Fee & Certified Copy	\$87.50 Fil Certificate Certified (	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.

5		ing business in Florida)
3		
5	(FEI number, if a	
5	(FEI number, if a	
5		pplicable)
incorporation)	(Date of duration, if other	than perpetual)
		lity)
Dr. Spring, TX 77386		
	e <u>street</u> address)	2022 HAY
		<b>ယ်</b> ို
Ralph Bridges		PH 2:
48 Kepner Dr	- <del></del>	<u> 5</u>
ort Walton Beach	, Florida 32548	
(City)	(Zip code)	
plication, I hereby accept the appointmoly with the provisions of all statutes re th and accept the obligations of my pos	ent as registered agent and agr lative to the proper and comple ition as registered agent.	ree to act in this capacity
	(SEE SECTIONS 607.1501 & 607.150  Dr. Spring. TX 77386  (Principal office (Current mailing didress of Florida registered agent: (P.O. calph Bridges)  48 Kepner Dr  ort Walton Beach  (City)  s acceptance:  us registered agent and to accept service offication, I hereby accept the appointment of the with the provisions of all statutes registered agent the obligations of my positive and accept the obligations of my positive agent's significant agent agent's significant agent's signific	(Current mailing address, if different)  Idress of Florida registered agent: (P.O. Box NOT acceptable)  Ialph Bridges  48 Kepner Dr  Ort Walton Beach  (City)  (City)  (City)  (City address)

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

under the law of which it is incorporated.

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
☑Director	Spring, TX 77386	□Director		<u> </u>		
□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		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		☐Treasurer		
□Other	Other	□Other		□Other 2022 HAY		
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:	<u>3</u>		
□President		□President		<u> </u>		
□Vice President		□ Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	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.  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 berein are true and that he of						

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.

, Ralph Bridges

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## 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 Kloud Realty, Inc (file number 804341407), a Domestic For-Profit Corporation, was filed in this office on December 08, 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 Scal of State at my office in Austin, Texas on April 27, 222.







April 16, 2022

RALPH BRIDGES 3959 ROLLING THICKET DR SPRING, TX 77386 US

SUBJECT: KLOUD REALTY, INC. Ref. Number: W22000051176

We have received your document for KLOUD REALTY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 922A00008943

RECEIVED

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