# FR300001604

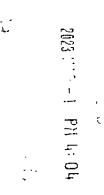
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T. LEMIEUX MAR 2 0 2023

#### COVER LETTER

	D: Registration Section Division of Corporations					
SUBJECT:	COAST TO C	COAST INTERNATIONAL	REALTO	ORS INC.		
ocbone		Name of corporat	ion - mus	include suffix		
Dear Sir or Madam;						
"Certificate o	of Existence."	by Foreign Corporation ( or "Certificate of Good S orporation to transact bus	tanding" a	and check are sub		
Please return	all correspond	lence concerning this ma	ter to the	following:		
Antonio Hin	ojosa					
		Name	of Person			
Coast To Coa	st International	Realtors Inc				
		Firm/C	ompany			
100 SE 2nd S	treet Suite 2000	0				
1		Ac	ldress			
Miami, Fl 331	31					
	<del></del>	City/Stat	e and Zip	code	-	
c2cir@outloo	k.com					
		E-mail address: (to be use	d for futu	re annual report	notification)	
For further in	iformation con	cerning this matter, pleas	e call:			
Antonio Hino	josa	786 at (	401	7-8635  Daytime Telephone Number		
Nan	ne of Person	Area C	ode	Daytime Telep	hone 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		
	heck payable to	following amount: FLORIDA DEPARTME \$78,75 Filing Fee & Certificate of Status	□ \$78.7	TATE 75 Filing Fee & Hied 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.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")  CCIR INC  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  DELAWARE  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  UPON QUALIFICATION  (Date irist transacted business in Florida, if prior to registration)  (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  (RVINE, CA 92602  (Current mailing address, if different)  Name:  ANTONIO HINOJOSA  (City)  Florida  (City)  Florida  (City)  Registered agent's acceptance:  (Invine pen named as registered agent and to accept service of process for the above stated corporation at the purpose of transacting business in Florida (City)	COAST TO CO	AST INTERNATIONAL REALTORS INC.			
DELAWARE   3   87-3501022	(Finter name of co		." "COMPANY," "CORPORATION	<i>V.</i> "	
OState or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Name:    ANTONIO HINOJOSA   288   ANTONIO HINOJOSA   288   Office Address:   100 SE 2ND ST. SUITE 2000   33131   1   1   1   1   1   1   1   1	CCIR INC				
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  IRVINE, CA 92602  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  ANTONIO HINOJOSA  ANTONIO HINOJOSA  MIAMI  (City)  Registered agent's acceptance:	(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Flor	rida)
(State or country under the law of which it is incorporated)  (I) (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607,1501, & 607,1502, F.S., to determine penalty liability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Name	DELAWARE	3	87-3501022		
(Date of incorporation)  UPON QUALIFICATION  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  (RVINE, CA 92602  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  ANTONIO HINOJOSA  Plince Address:  MIAMI  (City)  Registered agent's acceptance:	(State or country			plicable)	
(Date of incorporation)  UPON QUALIFICATION  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  IRVINE, CA 92602  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  ANTONIO HINOJOSA  Florida  MIAMI  (City)  Registered agent's acceptance:	11/05/2021	5	PERPETUAL		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  IRVINE, CA 92602  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  ANTONIO HINOJOSA  Florida  MIAMI  (City)  Registered agent's acceptance:	(Date			han perpetual)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  3943 IRVINE BLVD # 606  (Principal office street address)  IRVINE, CA 92602  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  ANTONIO HINOJOSA  Office Address:  MIAMI  (City)  Registered agent's acceptance:	UPON QUALIF	FICATION			
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    ANTONIO HINOJOSA				ty)	
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  ANTONIO HINOJOSA  Office Address:    100 SE 2ND ST. SUITE 2000	3943 IRVINE BL	.VD # 606			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    ANTONIO HINOJOSA			ice street address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    ANTONIO HINOJOSA   23   23   23   24   25   25   25   25   25   25   25	TRVINE, CA 926	502			
Name:  ANTONIO HINOJOSA  Diffice Address:    100 SE 2ND ST. SUITE 2000		(Current maili	ng address, if different)		
Name:  ANTONIO HINOJOSA  Diffice Address:    100 SE 2ND ST. SUITE 2000					
MIAMI  (City)  Registered agent's acceptance:	Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)		
Florida 33131 (City) (City) (Zip code)	Name:	ANTONIO HINOJOSA		 657 657	) )
MIAMI  (City)  (City)		100 SE 2ND ST SHITE 2000	<del></del>	دب	
(City) (Zip code)	Office Address:		<del></del>	J I	
Registered agent's acceptance:			, Florida	<del></del>	;
Registered agent's acceptance:		(City)	(Zip code)	TO	, <b>(</b> * -
	Registered age	ent's accentance:		. —	
			ice of process for the above stated	ि l corporation धा	t the pl
				te performance	of my
	na i am jamular	with and accept the obligations of my po	sunon us regisierea ageni.		
		Of fully			
	-	(Registered agent's s	signature)		
curther agree to comply with the provisions of all statutes relative to the proper and complete performance of my 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 de	clivery of this ap	plie

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	,			
□Chairman	Name: ANTONIO HINOJOSA	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	3943 IRVINE BLVD # 606	□Director		
President	IRVINE, CA 92602	□President		
□Vice President		□ Vice President		
■ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other	-	□Other
□Chairman	Name:	□Chairman □ Vice Chairman		
Director		Director		
□President		□President		
		☐ Vice President		
□Secretary	□Treasurer	☐Secretary		☐Treasurer
☐Other		□Other		□Other
□Chairman	Name:	□Chairman	Name: N/A	
□Vice Chairman	Address:	□Vice Chairman	Address;	
□ Director		[IDirector		
□President		□President		
□ Vice President		□Vice President		
□ Secretary	☐Treasurer	□Secretary		□Treasurer
□Other		□Other		□Other
Important Notice: individuals may be	Use an attachment to report industrian six (6). The attace added to the index when thing your Jurida Department	hment will be image nt of State Annual Re	d for reporting pu eport form.	rposes only. Non-indexed
12	Signature of Director of	430"		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departi	: 11 above) affirms tl		

B. ANTONIO HINOJOSA President

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COAST TO COAST INTERNATIONAL REALTORS

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF

FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COAST TO COAST INTERNATIONAL REALTORS INC." WAS INCORPORATED ON THE FIFTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202649311

Date: 02-06-23

### Validate a Certificate

Effective July 1, 2006, all certificates from the Delaware Division of Corporations database will no longer be generated on preprinted forms with blue ink. The Delaware Division of Corporations will be printing all certificates in black ink on standard white paper inclusive of the Secretary's seal and signature.

The Delaware Division of Corporations now has online validation and verification for certificates that have been generated by our office on business entities. You will need your entity file number and your authentication number from the certificate for validation. You can only validate a certificate within a year of the date it was issued.

1 This validation process does not apply to UCC filings or searches that have been generated by the Delaware Division of Corporations and can only be utilized for certificates issued on Delaware business entities.

# Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF INCORPORATION OF "CERTIFICATE

VALIDATION COMPANY", FILED IN THIS OFFICE ON THE TWENTIETH DAY

OF FEBRUARY, A.D. 2009, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

This is the corporate file number that is required for authenticating your certificate online!

4569598 8100 090000845 This is the authentication number that is required for authenticating your certificate online!

AUTHENTICATION: 6680233

DATE: 02-20-09

You may verify this certificate online at corp. delaware.gov/authver.shtml