Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000183306 3)))



H230001833063ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION THE REAL TITLE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help 500 S O 1923 (Brumbley

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.

*· <u> </u>	L TITLE, INC.		
	corporation; must include "INCORPORATED," " Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION;"	
	The Real Title Closin	g Group, Inc	
(If name unavai	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)
2. Delaware	3.		
(State or count	25	(FEI number, if applical	ole)
41/1/2021	5		
(Dat	e of incorporation) 5	(Date of duration, if other than p	erpetual)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
7. 5966 S Dix	ie Hwy, Ste. 300, Miami, FL 33143		
	(Principal office	street address)	
	(Current mailing a	address, if different)	~
8 Name and stre	ct address of Florida registered agent: (P.O. I	Pov. NOT accomtable)	023
	Corporate Creations Network Inc.	30X MOT acceptable)	
Name:	- Corporate Ordations Network me.		
Office Address:	801 US Highway 1		= =
	North Palm Beach	, Florida <u>33408</u>	2023 JUH - 1 MM 11:
	(City)	(Zip code)	42
Having been nan designated in this further agree to c and I am familia	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointment comply with the provisions of all statutes relains with and accept the obligations of my positions. S/ Caitlin Lazarus	nt as registered agent and agree to a tive to the proper and complete per ion as registered agent.	nct in this capacity. I formance of my duties,
		Caitlin Lazarus, Special Sec	retary
	(Registered agent's signs	nwe)	

^{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

□ Chairman	Name: Tamir Poleg	□ Chairman	Name:			
□ Vice Chairman	Address: 5966 S Dixie Hwy, Ste. 300	□ Vice Chairman	Address:			
Director	Miami, FL 33143	□Director				
□President		□President				
□ Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary	∏Treæщ er			
XIOther CEC	☐ Other	□Other	Other			
□ Chairman	Name: Sean Daly	□ Chairman	Name:			
□ Vice Chairman	Address: 5966 S Dixie Hwy, Ste. 300	□ Vice Chairman	Address:			
X iDirector	Miami, FL 33143	☐ 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		□Director				
□President		□President				
☐ 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. /s/ Caitlin Lazarus						
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 5.817.155, F.S.

Caitlin Lazarus, Attorney-in-Fact for Tamir Poleg, CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "THE REAL TITLE, 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 SEVENTEENTH DAY OF MAY, 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 "THE REAL TITLE, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2021.

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

Authentication: 203367232

Date: 05-17-23