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REAL LURRA US ILINC

TYPE OF FILING: APPLICATION

COST:

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RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TQ:	_	tration Section of Corpor					
SUBJ	ECT:	Real Lurra U	S II Inc.				
			Name	of corporati	on - mi	st include suffix	
Dear S	ir or M	adam:					
"Certif	ficate of	Existence,"		of Good St	anding	and check are sub	ct Business in Florida," omitted to register the
	return a	all correspon	dence concern	ing this mat	ter to th	e following:	
				Name	of Perso	on	
Litwin	Kach L	LP					
				Firm/Co	mpany		
200 N.	LaSalle	St. Suite 1550)				
				Ad	dress		
Chicag	o. IL 60	601					
				City/State	and Zi	p code	
paraleg	gal@litw	inkach.com					
			E-mail address	s: (to be use	d for fu	ture annual report i	notification)
For fur	ther inf	ormation cor	icerning this n	iatter, pleaso	e call:		
Jordyn	Kaplan			at (7.	41-1606	
	Name	of Person		Area Co	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				
Please r		eck payable to	following amo FLORIDA DI \$78.75 Filin Certificate o	EPARTMEN g Fee &	□ \$78	TTATE .75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate 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.

(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ting business in Florida)		
Delaware	3.				
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)		
10/11/2021	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
Has not transact	ed business in Florida.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		pility)		
680 Michigan A	ve., Suite 700 #322, Miami Beach, FL 33139				
	(Principal office	street address)			
	(Current mailing	address, if different)	- 2		
North and agreed	et address of Florida registered agent: (P.O.	Dow NOT accontable)	2023 AUG		
vame and <u>sirec</u>	Legaline Corporate Service Inc.	Box MOT acceptable)	- 생활 (골통		
Name:	Legame Corporate Service mc.	<u> </u>			
ice Address:	476 Riverside Ave.				
	Jacksonville	32202	<u> </u>		
	(City)	Florida (Zip code)			
	(5.5)	(
	ent's acceptance:	of manage for the whom of	tad comparation at the ol		
	ed as registered agent and to accept service				
ing been nam	**	nt as registered agent and as			
ving been nam gnated in this her agree to c	application, I hereby accept the appointme omply with the provisions of all statutes rela	ative to the proper and comp			
ving been nam gnated in this her agree to c	application, I hereby accept the appointme	ative to the proper and comp			
ving been nam Ignated in this Ther agree to c	application, I hereby accept the appointme omply with the provisions of all statutes rela	ative to the proper and comp			
ving been nam ignated in this ther agree to c	application, I hereby accept the appointme omply with the provisions of all statutes rela	ative to the proper and comp ion 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.

A. DIRECTORS	•					
□Chairman	Name: Paul Coelho	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	1680 Michigan Ave., Suite 700 #322	□Director		<u></u>		
President	Miami Beach, FL 33139	□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		
□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. 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 s.817.155, F.S.

, Paul Coelho, President



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

DELAWARE, DO HEREBY CERTIFY "REAL LURRA US II 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 TWENTY-SIXTH DAY OF JULY, 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 "REAL LURRA US II INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

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



Authentication: 203831417

Date: 07-26-23

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SR# 20233090178