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REAL LURRA US IV INC

TYPE OF FILING: APPLICATION

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attodge

COVER LETTER

		tion Section of Corpor						
SURJE	СТ· R	eal Lurra U	S IV Inc.					
30DJL	· · · _			of corporat	ion - r	nust include suffix		
Dear Sir	or Mada	ım;						
"Certific	ate of E:	xistence."	by Foreign Co or "Certificate orporation to tr	of Good S	tandin	g" and check are sut	et Business in Florida," omitted to register the	
Please re	turn all	correspond	lence concerni	ng this ma	iter to	the following:		
Jordyn K	aplan							
			·	Name	of Per	son		
Litwin Ka	ach LLP							
		 -		Firm/C	ompai	ıy	, <u></u>	
200 N. La	aSalle St.	Suite 1550						
				Ac	ldress			
Chicago,	IL 60601							
				City/Stat	e and 2	Zip code	- 0.0	
paralegal(@litwink	ach.com						
		1	E-mail address	: (to be use	d for i	uture annual report	notification)	
For furth	er inforr	nation con	cerning this m	atter, pleas	e call:			
Jordyn Ka	aplan			at ()	Daytime Telephone Number		
ì	Name 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					
	ke check	payable to:	following amo FLORIDA DE S78.75 Filing Certificate o	PARTME	□ \$7	STATE 8.75 Filing Fee & ertified 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 unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transac	ting business in Florida)	
Delaware	3.			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
03/07/2022	5			
	e of incorporation)	(Date of duration, if other than perpetual)		
Has not transac	ted business in Florida.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		silina	
1680 Michigan A	ave Suite 700 #322, Miami Beach, FL 33139	2, 1.5., to determine penany had	nary)	
·	(Principal office	etreet address)	· -	
	(ctpai ottioo	<u>street</u> addressly		
	(Current mailing	address, if different)		
			202	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	五元 本歌 A	
Name:	Legaline Corporate Service Inc.		2023 AUG - SECRETA SECRETA	
ffice Address:	476 Riverside Ave.			
	Jacksonville	32202	32. 	
	(City)	Florida (Zip code)		
		\		
•••	ent's acceptance:	of manage for the all and	and a community of the	
aving been nam esignated in this	ed as registered agent and to accept service application, I hereby accept the appointment	of process for the above stat at as revistered avent and av	ed corporation at the pla vree to act in this capacity	
rther agree to c	omply with the provisions of all statutes rela	tive to the proper and compl	lete performance of my d	
	with and accept the obligations of my posit	ion as registered agent.		
id I am familiar				
id I am familiar				
nd I am familiar	<u>Crik Trautlas</u> (Registered agent's sign	M.		

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 Paul Coelho □Chairman □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: 1680 Michigan Ave., Suite 700 #322 □ Director □ Director Miami Beach, FL 33139 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 □ 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. Ball 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.



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

DELAWARE, DO HEREBY CERTIFY "REAL LURRA US IV 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 IV INC." WAS INCORPORATED ON THE SEVENTH DAY OF MARCH, A.D. 2022.

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

ANYS OF THE PARTY OF THE PARTY

Authentication: 203831432

Date: 07-26-23