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Name:	Fiji Real Estate Inc.	
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Thank you!

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT	Fiji Real Estate Inc				
SODULC:	Name o	f corporation	- must include suffix		
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign Cor of Existence," or "Certificate of enced foreign corporation to tra	of Good Stand	Authorization to Transact Business in Florida." ling" and check are submitted to register the is in Florida.		
Please retur	n all correspondence concernin	ig this matter	to the following:		
Maria Teresa	a Santiago				
		Name of I	Person		
Fiji Real Est	ate Inc				
	· · · · · · · · · · · · · · · · · · ·	Firm/Com	pany		
1695 NW 11	0th Avenue, Suite 301				
		Addre	ss		
Miami, FL 3	3172				
		City/State ar	d Zip code		
maria.santia	go@fulflex.com				
	E-mail address:	(to be used for	or future annual report notification)		
For further i	information concerning this ma	itter, please c	all:		
Maria Teresa Santiago 305		305 at (978-3282		
Na	me of Person	Area Code	Daytime Telephone 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		
Enclosed is Please make ☐ \$70.00 F	a check for the following amou check payable to: FLORIDA DE iling Fee	PARTMENT Fee & \bar{\mathbf{V}}	STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(Principal office <u>street</u> address) (Current mailing address, if different)	Delaware			e purpose of transacti	ng business in Florida)
December 28, 2023 (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) 695 NW 110th Avenue, Suite 301, Miami, FL 33172 (Principal office street address) (Current mailing address, if different)			99-0730105 	 	
(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) 695 NW 110th Avenue, Suite 301, Miami, FL 33172 (Principal office street address) (Current mailing address, if different)				(FEI number, if a	pplicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 695 NW 110th Avenue, Suite 301, Miami, FL 33172 (Principal office street address) (Current mailing address, if different)		Э.			
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 695 NW 110th Avenue, Suite 301, Miami, FL 33172 (Principal office street address) (Current mailing address, if different)	(Date	of incorporation)	(Da	te of duration, if other	than perpetual)
(Current mailing address, if different)	695 NW 110th	(SEE SECTIONS 607.1501 & 607.150			lity)
· · · · · · · · · · · · · · · · · · ·		(Principal offic	e <u>street</u> addr	ress)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation FL 33324 (City) (Zip code)					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation FL 33324 (City) (Zip code)	-	(Current mailing	; address, if d	lifferent)	
Name: C T Corporation System					202
Name: 1200 South Pine Island Road	Manua and atea	at address of Florida rapictored agent: IRO	Roy MOT		
Tice Address: 1200 South Pine Island Road	Name and street		Box NOT	[acceptable]	<u>-</u>
Plantation FL 33324 Z			Box <u>NOT</u>	_acceptable)	
(City) (Zip code)		C T Corporation System	Box <u>NOT</u>	_acceptable)	1 JAN 18 1
	Name:	C T Corporation System 1200 South Pine Island Road	_		IJAN 18 PHI
	Name:	C T Corporation System 1200 South Pine Island Road Plantation	_	33324	1. JAN 18 PH 12: 1
	Name: fice Address: Registered ag ving been nam	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept service	FL FL e of process	33324 (Zip code) s for the above state	ed corporation at the p
ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capac ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Name: Tice Address: Registered agwing been namignated in this	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm	FL FL e of process	33324 (Zip code) s for the above state tered agent and agi	ed corporation at the pree to act in this capa

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.

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

· A. DIRECTORS						
□Chairman	Name: Maria Teresa Santiago	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:Suite 301			
□Director	Suite 301	☑Director				
□President	Miami, FL 33172	□President	Miami, FL 33172			
□Vice President		□Vice President				
⊠ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman □Vice Chairman □Director ☑President □Vice President □Secretary □Other	Name:	□Chairman □Vice Chairman ☑Director □President □Vice President □Secretary □Other	Name: Yuvaan Antonio Ibanez			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
☑ Director	Suite 301	□Director				
□President	Miami, FL 33172	□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. Maria Teresa Santiago						
<u> </u>	(Typed or printed name and capacity of person	n signing application)			

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIJI REAL ESTATE 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 JANUARY, A.D.

2024.

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

e at corn delaware gov/aut

Authentication: 202609239

Date: 01-17-24