F24000001146

(Requestor's Name)						
(Address)						
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(B	usiness Entity Name)					
(D	ocument Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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M. SOLOMON FEB 2 8 2024

COVER LETTER

	istration Section				
SUBJECT	REALTY KJA	MIA CORP.			
301301301	•	Name of corporati	on - n	nust include suffix	
Dear Sir or	Madam:				
"Certificate	of Existence," of	by Foreign Corporation for "Certificate of Good Str poration to transact busi	andin	g" and check are sub	
Please return	n all correspond	ence concerning this mat	ter to	the following:	
Susana Chen	nen				
		Name	of Per	son	
Susie Cheme	n Consulting LLO				r 7
		Firm/C	ompar	ıỳ	<u> </u>
20900 NE 30	th Ave Suite 800				
		Ad	dress		
Aventura, FL	. 33180				
		City/State	and :	Zip code	<u> </u>
suchemen@l					~
	E	-mail address: (to be use	d for:	future annual report n	otification)
For further i	nformation con	cerning this matter, pleas	e call:		
Susana Chen	nen	305 at ()	4696873	
Nai	ne of Person	Area C	ode	Daytime Telepl	hone Number
Reg Div The 241	REET/COURII istration Section ision of Corpora Centre of Talla 5 N. Monroe Sta ahassee, FL 32	tions hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	check payable to:	Following amount: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	□ \$°	F STATE 78.75 Filing Fee & Certified Copy	 \$87.50 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.

	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
DELAWARE		37-1946207		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/24/2019	5.			
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Florida, if prior to registration)		
20900 NE 30th A	·	2.11.5., to determine penalty habitity		
	(Principal office	street address)		
Aventura, FL 33	180			
	(Current mailing	address, if different)		
Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)		
Name:	Susie Chemen Consulting LLC			
ffice Address:	20533 BIseayne Blvd. Suite 1326	<u></u>		
	Miami			
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, 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 authent cated, 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:	□Chairman	Name:	
□Vice Chairman	Address: 20900 NE 30th Ave Suite 860	□ Vice Chairman		
□Director	Aventura, FL 33180	□Director		
President		□President		
□Vice President		□Vice President	•=-	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chai m an		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		224
□Secretary	□Treasurer	☐ Secretary		□Treasurer □
□Other	□Other	□Other		□Other <u>\(\omega\)</u>
□Chairman □Vice Chairman	Name:	□Chairman		PH 12: 57
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Jse an attachment to report more than six (b). The attachment added to the index when filing your Florida/Department	nt of State Annual Re	port form.	urposes only. Non-indexed

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.

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "REALTY KJA MIA CORP." 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-FIFTH DAY OF JANUARY, A.D.

2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REALTY KJA MIA CORP." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2019.

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



Jeffrey IV. Budiece, Secretary of State

Authentication: 202663174