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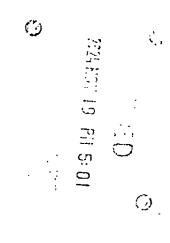
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

	Registration Secti Division of Corpo			
SUBJE	CCT: Naya Closin	g Services, Inc.		
		Name of corporati	on - must include suffix	
Dear Sir	or Madam:			
"Certific	cate of Existence,"	n by Foreign Corporation for "Certificate of Good St corporation to transact busing	anding" and check are sub	
Please re	eturn all correspon	dence concerning this matt	ter to the following:	
Matthew	Basile			
		Name o	of Person	
Naya Clo	osing Services, Inc.			
		Firm/Co	ompany	
802 E. W	Vhiting Street			
		Λdo	dress	
Tampa, I	FL 33602			
		City/State	and Zip code	
matthew	.basile@nayaclosin			
		E-mail address: (to be used	d for future annual report i	notification)
For furth	ner information co	ncerning this matter, please	e call:	
Matthew	Basile	at (516	480-6872	
	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 ma	ake check payable to	e following amount: b: FLORIDA DEPARTMEN ☐ \$78.75 Filing Fee & Certificate of Status	TOF 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.

l.	Naya Closing S	Naya Closing Services, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")							
	(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transa	acting busin	ess in Flor	rida)	
2.	Delaware		3.					
	(State or countr	y under the law of which it is incorporated) —	(FEI number,	if applicable	2)		
4	June 12, 2024		5					
٠.		of incorporation)	J	(Date of duration, if ot	her than per	rpetual)		
6.								
7	802 E. Whiting S	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Tampa, Florida 33602			ability)			
٠٠.			office s	treet address)				
		•			\odot	r	1,1	
		(Current ma	ailing ac	ldress, if different)		61 Ac. 31.		
8.	Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)			•	
	Name:	Matthew Basile		_		FH 5: 0	כ	
Of	ffice Address:	1302 Merry Water Dr.		_	16	;: 01		
		Lutz		Florida <u>33548</u>			િંડ)	
		(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 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: Matthew Basile	□ Chairman	Name: Stephen Basile
□Vice Chairman	Address: 1302 Merry Water Dr.	□Vice Chairman	Address: 3183 Bellwind Circle
□Director	Lutz, FL 33548	□Director	Viera, FL 32940
President		□President	
□Vice President		■Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	□Other	Other	Other
□ Chairman	Name: Sharad Gurung	□Chairman	Name:
□Vice Chairman	Address: 3183 Bellwind Circle	□Vice Chairman	Address:
□Director	Viera, FL 32910	□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
	Use an attachment to report more than six (6). The attached to the index when filing your Florida Departm		
12.	Signature of Director		
The officer or direct	etor signing this document (and who is listed in numb		at the facts stated herein are true and that he or

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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NAYA CLOSING SERVICES, 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 THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAYA CLOSING SERVICES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204297446

Date: 09-03-24