

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
REALTYSHIP CORP.**

Certificate of Status	0
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FLORIDA DEPARTMENT OF
CORPORATIONS
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FLORIDA DEPARTMENT OF
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: REALTYSHIP CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address8201 Abbott AvenueMiami Beach, FL 33141

Mailing address, if different is:

1829 Coleman Street
Brooklyn, NY 11234**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: buy real estate.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SAUD A.H. KHOKHAR, DIRECTORAddress 1829 Coleman StreetBrooklyn, New York 11234

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JANUARY 1, 2022

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

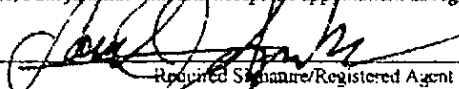
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: SAUD A.H. KHOKHARAddress: 8201 Abbott AvenueMiami Beach, FL-33141**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: STEPHAN MONEREAUAddress: 100 WALL STREET STE 503NEW YORK, NY 10005**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/30/22

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator



03/30/2022

Date

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DEPT OF STATE
TALLAHASSEE, FLORIDA