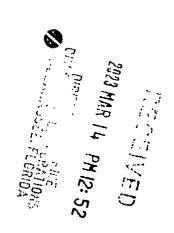
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Sertificates of Clarks |
| Special Instructions to Filing Officer: |
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/14/23

NAME: L.A. VALLEY REALTY INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| Division of Corporations | | | |
|--|------------------|--|----------|
| SUBJECT: L.A. Valley Realty Inc. | | | |
| | corporation - | must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to train | f Good Standi | ng" and check are submitted to register the | |
| Please return all correspondence concerning | g this matter to | o the following: | |
| LILIANA ARIAS | | | |
| | Name of Po | erson | |
| L.A. Valley Realty Inc. | | | |
| | Firm/Comp | nny | |
| 5250 LANKERSHIM BLVD SUITE 500 | | | |
| | Addres | | |
| North Hollywood, CA 91601 | | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | • |
| | City/State and | Zip code | |
| liliana@lavhomes.com | | | |
| E-mail address: (| to be used for | future annual report notification) | • |
| For further information concerning this mat | ter, please cal | l: | . • |
| | 0.0 | | |
| LILIANA ARIAS at | (| 781-2000 Daytime Telephone Number | |
| Name 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 a check for the following amount Please make check payable to: FLORIDA DEP \$70.00 Filing Fee \$78.75 Filing 1 Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following amount Please make check payable to: FLORIDA DEP Certificate of the following payable to: FLORIDA DEP Certificate of the follo | ARTMENT C | OF STATE \$78.75 Filing Fee & □ \$87.50 Filing F Certified Copy Certificate of S Certified Copy | 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.

| L.A. Valley Rea | ilty Inc. | | |
|--|--|--|----------------------|
| (Enter name of confine.," "Co.," "Co. | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | ." "COMPANY," "CORPORATION," | |
| (If name unavaila | able in Florida, enter alternate corporate name | adopted for the purpose of transacting busing | ness in Florida) |
| _{2.} CA | 3. 30-0509227 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicab | e) |
| 4. <u>10/10/2008</u> | 5. | | |
| (Date | of incorporation) 5. | (Date of duration, if other than pe | rpetual) |
| 6 | | | |
| | (SEE SECTIONS 607.1501 & 607.1 | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| 7. 5250 LANKERSI | HIM BLVD SUITE 500 North Hollywood, C | A 91601 | |
| | (Principal of | fice street address) | |
| | | 11 10 100 | |
| | (Current mail) | ng address, if different) | |
| 8 Name and stree | at address of Florida registered agent: (P.) | O. Box. NOT acceptable) | r 2 |
| Name: | Paracorp Incorporated | <u></u> | |
| Office Address: | 155 Office Plaza Drive, 1st Floor | | - - - |
| | Tallahassee | , Florida | |
| | (City) | (Zip code) | |
| lesignated in this further agree to co | ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes to with and accept the obligations of my pe | ment as registered agent and agree to a relative to the proper and complete perf | ct in this capacity. |
| | | | |
| : | see attachment page | | |
| _ | (Registered agent's s | ignature) | |
| IO Attachediae | partitions of avistance duly outherstant | , not more than 90 days prior to delivery | ačthia amuliantiau |

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 | | | | |
|--------------------------------------|---|--------------------------|----------------------------|----------------------------|
| □Chairman | Name: LILIANA ARIAS | □Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| □Director | 5250 LANKERSHIM BLVD SUITE 500 | □Director | | |
| President | North Hollywood, CA 91601 | □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: | 15.7 |
| □Vice Chairman | Address: | □Vice Chairman | Address: | ware. |
| □Director | | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| □Other | □Other | □Other | | Other |
| Important Notice: Individuals may be | Use an attachment to report more than six (6). The added to the index when filing your Florida Departition Signature of Directors | tment of State Annual Re | I for reporting port form. | purposes 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.

LILIANA ARIAS - President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 3/13/2023

ENTITY NAME: L.A. Valley Realty Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

L.A. VALLEY REALTY INC.

Entity No.:

3164518

Registration Date:

10/10/2008

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 13, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 090612724

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.