

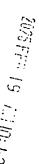
(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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T. LEMIEUX

COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	T: SEVILLE REAL ESTATE SER	RVICES, INC.	
00000	Name of	corporation -	must include suffix
Dear Sir o	r Madam:		
"Certificat		f Good Standii	nthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please retu	urn all correspondence concerning	this matter to	the following:
EILEEN R	IVILIS		
		Name of Pe	rson
SEVILLE	REAL ESTATE SERVICES, INC.		
		Firm/Compa	ny
75 SMITH	AVENUE, STE B		
		Address	
MOUNT K	CISCO, NEW YORK 10549		
	(City/State and	Zip code
erivilis@gr	mail.com		
	E-mail address: (to be used for	future annual report notification)
For further	r information concerning this mat	ter, please call	:
EILEEN R	IVILIS	914	980-8756
N	ame of Person	Area Code	Daytime Telephone Number
Re Di	rretricourier address: egistration Section ivision of Corporations ne Centre of Tallahassee 115 N. Monroe Street, Suite 810 allahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please mak	s a check for the following amount of check payable to: FLORIDA DEP Filing Fee	ARTMENT O	F STATE 778.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



January 28, 2025

EILEEN RIVILIS
75 SMITH AVE STE B
MOUNT KISCO, NY 10549

SUBJECT: SEVILLE REAL ESTATE SERVICES, INC.

Ref. Number: W25000010714

We have received your document for SEVILLE REAL ESTATE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 325A00001767

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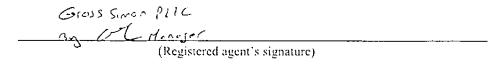
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

SEVILLE RE	AL ESTATE SERVICES, INC.			
(Enter name of o	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION."		
SEVILLE RE	AL ESTATE, INC.			
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ess in Florida)	
2. NEW YORK				
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 10/19/2016	5			
	e of incorporation)	(Date of duration, if other than perpetual)		
6.				
75 SMITH AV	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ENUE, MOUNT KISCO, NEW YORK 10549			
	(Principal office	general address		
14 PUTNEY I	(Principal Office ROAD, BALDWIN PLACE, NY 10505	street address)		
	<u></u>	address, if different)		
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. I GROSS SIMON PLLC	*	2025 500 1	
maine.	TO CO STUDENCE OF THE PARTY AND		, <u>.</u> .	
Office Address:	40 SE 5TH STREET, SUITE 405	_		
	BOCA RATON	Florida 33432	**************************************	
	(City)	(Zip code)	1 ~	

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.



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: EILEEN RIVILIS	Chairman	Name:
□Vice Chairman	Address:		
Director	BALDWIN PLACE, NY 10505	Director	Address:
President			
□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□ Other	Other	•	
□ Chairman	Name:	□ Chairman	Name:
	Address:	•	Address:
□ Director _			
□ President _		_ □ President _	
□Vice President _		_ □Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	
□Chairman N	lame:	_ ⊟Chairman N	lame:
□Vice Chairman A	Address:		Address:
Director			
President		□ President _	
OVice President		☐ Vice President	
]Secretary	☐ Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	
nportant Notice: Use dividuals may be add	an attachment to report more than six (6). The ded to the index when filing your Florida De	he attachment will be imaged for partment of State Annual Repor	
	Signature of Dim	cotor or Officer	
he officer or director ne is aware that false i 817.155, F.S.	signing this document (and who is listed in n information submitted in a document to the I		ne facts stated herein are true and that he o a third degree felony as provided for in

13. EILEEN RIVILIS

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

SEVILLE REAL ESTATE SERVICES INC.

DOS ID Number:

5025505

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/19/2016

Statement Status:

CURRENT

Statement Due Date:

10/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

10/19/2016

Entity Name:

SEVILLE REAL ESTATE SERVICES INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

05/16/2023

Effective Date:

10/01/2022

Document Type:

BIENNIAL STATEMENT

Date of Filing:

10/01/2024

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 11, 2025 at 11:02 A.M.

WALTER T. MOSLEY Secretary of State

Brandon Co Higher

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007452486 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ccorp.dos.nv.gov