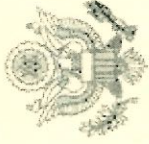




United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of New York, and that such Seal(s) is/are entitled to full faith and credit.*

**For the contents of the annexed document, the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever*

*Issued pursuant to CHXII, State of
Sept. 15, 1789, 1 Stat. 68-69; 22
USC 2657; 22USC 2651a; 5 USC
301; 28 USC 1733 et. seq.; 8 USC
1443(f); RULE 44 Federal Rules of
Civil Procedure.*

In testimony whereof, I, Marco Rubio, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-third day of October 2025.

Secretary of State

By

Assistant Authentication Officer,
Department of State

United States of America

State of New York
Department of State

It is hereby certified, that Milton Adair Tingling was Clerk of County of New York in the State of New York, and Clerk of the Supreme Court therein, being a Court of Record, on the day of the date of the annexed certificate, and duly authorized to grant same; that the seal affixed to said certificate is the seal of said County and Court; that the attestation thereof of said Clerk is in due form and executed by the proper officer; and that full faith and credit may and ought to be given to said Clerk's official acts.

In Testimony Whereof, the Department of State Seal
is hereunto affixed.

Witness my hand at the city of New York City
this 18th day of August Two Thousand and Twenty-Five



Whitney A. Clark

Whitney A. Clark

Deputy Secretary of State for Business and Licensing Services

No. 1097532

I, **Milton Adair Tingling**, Clerk of the County of New York, and Clerk of the Supreme Court in and for said county, the same being a court of record having a seal, **DO HEREBY CERTIFY THAT**

GRETCHEN VAN WYE

whose name is subscribed to the annexed original instrument has been commissioned and qualified as a **NOTARY PUBLIC**.

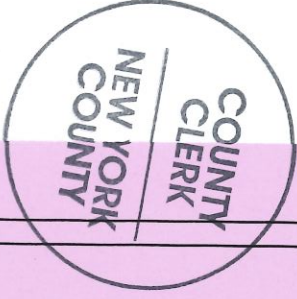
CITY REGISTRAR

and has filed his/her original signature in this office and that he/she was at the time of taking such proof or acknowledgment or oath duly authorized by the laws of the State of New York to take the same: that he/she is well acquainted with the handwriting of such public officer or has compared the signature on the certificate of proof or acknowledgment or oath with the original signature filed in his/her office by such public officer and he/she believes that the signature on the original instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal this 18th day of August, 2025

County Clerk, New York County

Milton Adair Tingling





NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

EXEMPLIFICATION OF BIRTH OR DEATH RECORD

I, Gretchen Van Wye, the City Registrar of the Department of Health and Mental Hygiene of the City of New York, a department of the Municipal Corporation known as the City of New York, hereby certify that the foregoing transcript is a true copy of the original record currently on file with the Department of Health and Mental Hygiene of the City of New York, and that I am authorized to certify the said record in accordance with Section 17-102 (Sub b) of the Administrative Code of the City of New York.

The foregoing transcript is a true copy of said original record, identified as

☒ Birth ☐ Death

Certificate Number 156-89-083274 Year 1989

Borough of Queens

In witness whereof I have hereunto set my hand and caused the seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York to be

affixed this 5th *day of*

August _____ *in the year*

2025



Gretchen Van Wye

Signature



THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH

DATE FILED
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

158-89 - 083274

SEP 5 10 30 AM '89

Birth No.

1. FULL NAME OF CHILD	(Type or Print) First Name	Middle Name	Last Name
	JERMAINE		MEJIA
2. SEX	3a. NUMBER OF CHILDREN born of this pregnancy	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year)	4b. Hour (AM) (PM)
Male	3b. If more than one, number of this child in order of birth	August 19 1989	53 AM
5. PLACE OF BIRTH	5a. NEW YORK CITY	5b. Name of Facility (if not in institution street address)	
	BOROUGH OF	City Hospital of Imhurst	
6a. MOTHER'S FULL MAIDEN NAME	6b. Mother's Date of Birth (Month) (Day) (Year)	6c. MOTHER'S BIRTHPLACE, City & State or foreign country	5c. TYPE OF PLACE ☐ Hospital ☐ Home ☐ Birthing Center ☐ Other
Rubielia Suaza	11 28 59	Colombia	
7. MOTHER'S USUAL RESIDENCE	7c. City, town, or location	7d. Street and house number	7e. Inside city limits of 7c? Yes ☒ No ☐
37-28 100 St #2	Queens		
8a. FATHER'S FULL NAME	8b. Father's Date of Birth (Month) (Day) (Year)	8c. FATHER'S BIRTHPLACE, City & State or foreign country	
Hugo Mejia	1 21 55	Colombia	
9a. NAME OF ATTENDANT AT DELIVERY	R.N. C.N.M. Other Midwife D.O. M.D.	9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN	
D. Moss		Signed <u>H. Tamlinson</u> Name of Signer <u>H. Tamlinson</u> (Type or Print) Address <u>79-01 Broadway</u> Date Signed <u>August 19, 89</u>	
Information added or amended			
(Reason)			
Date	City Registrar		

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Print here the mailing address of mother. 

Copy of this certificate will be mailed to her when it is filed with the Department of Health.

Name	Rubielia Suaza
Address	37-28 100 St #2
City	Queens
State	N.Y.
Zip	11368
Code	



This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

August 5, 2025

Gretchen Van Wye
Gretchen Van Wye, PhD, City Registrar



1340001137700



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE