25081840-3

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

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

Issued pursuant to CHXIV, 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.

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***

STATE OF NEW YORK
DEPARTMENT OF STATE
EXCELSIOR
E PLURIBUS UNUM

Whitney A. Clark

Whitney A. Clark
Deputy Secretary of State for Business and Licensing Services

2670416
210CC(REV: 09/25/12)

Form 1

State of New York
County of New York } *ss:*

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

Milton Adair Tingling

County Clerk, New York County

COUNTY CLERK | NEW YORK COUNTY

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-102

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.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
THE CITY OF NEW YORK

Gretchen Van Wye

Signature

VR68E (Rev. 4/22)

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

DATE FILED
VITAL RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

SEP 5 10 30 AM '89

CERTIFICATE OF BIRTH

156-89-083274
Birth No.

1. FULL NAME OF CHILD	(Type or Print) First Name: JERMAINE	Middle Name:	Last Name: MEJIA		
2. SEX: Male	3a. NUMBER OF CHILDREN born of this pregnancy: 1 3b. If more than one, number of this child in order of birth:	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year): August 19 1989	4b. Hour: 12 53	☒ AM ☐ PM	
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH OF: Queens	5b. Name of Facility (if not in institution street address): City Hospital @ Elmhurst	5c. TYPE OF PLACE: ☒ Hospital ☐ Home ☐ Birthing Center ☐ Other		
6a. MOTHER'S FULL MAIDEN NAME: Rubiela Suaza		6b. Mother's Date of Birth (Month) (Day) (Year): 11 28 59	6c. MOTHER'S BIRTHPLACE, City & State or foreign country: Colombia		
7. MOTHER'S USUAL RESIDENCE 7a. State: N.Y.	7b. County: Queens	7c. City, town, or location: Corona	7d. Street and house number: 37-28 100 St 1B68	Zip	7e. Inside city limits of 7c? Yes ☒ No ☐
8a. FATHER'S FULL NAME: Hugo Mejia		8b. Father's Date of Birth (Month) (Day) (Year): 12 1 55	8c. FATHER'S BIRTHPLACE, City & State or foreign country: Colombia		
9a. NAME OF ATTENDANT AT DELIVERY: D. Moss	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 Signed: H. Tomlinson R Name of Signer: H Tomlinson R (Type or Print) Address: 79-01 Broadway Elm Date Signed: August 19, 19 89	R.N. C.N.M. Other Midwife D.O. M.D.		

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: Rubiela Suaza
Address: 37-28 100 St #2
City: Corona State: N.Y. Zip Code: 11368

Gretchen Van Wye
Gretchen Van Wye, PhD, City Registrar

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

1340001137700

The City of New York

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE