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COVER LETTER

	tration Section ion of Corporations			
SURIECT:	RDFN Ventures, Inc.			
bebaler.	Name o	of corporation - n	nust include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standin	g" and check are subm	Business in Florida," litted to register the
Please return	all correspondence concerni	ng this matter to	the following:	
Tiffany Clark				
		Name of Per	son	
Redfin Corpor	ation			
		Firm/Compar	ıy	
1099 Stewart S	Street, Suite 600			
		Address		
Seattle, WA 9	8101			
		City/State and	Zip code	
tiffany.clark@				
	E-mail address	: (to be used for	future annual report no	tification)
For further in	formation concerning this m	atter, please call:		
Tiffany Clark		at ()	Code Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telepho	one 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 Please make ch	check for the following amoneck payable to: FLORIDA Di ing Fee	EPARTMENT OI g Fee &	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

O0000398 Envelope ID. 73DZAGE0-1460-400E-A411-10FBCD60-1114

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.

1. RDFN Ventu				
(Enter name of "inc.," "Co.,"	f corporation; must include "INCORPORATED, "Corp," "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATI	On,"	
(If name unava	tilable in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)	
2. Delaware		81-4875089		
(State or country under the law of which it is incorporated) . 01/04/2017		(FEI number, if applicable)		
(Da	te of incorporation)	(Date of duration, if other	r than perpetual)	
7 1099 Stewart St	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 treet, Suite 600, Seattle, WA 98101	Florida, if prior to registration) 02, F.S., to determine penalty liab	ility)	
SAME		ce street address)		
	(Current mailing	g address, if different)	2021 JU	
8. Name and stre	eet address of Florida registered agent: (P.O	Box NOT acceptable)	The state of the s	
Name:	NRAI Services, Inc.			
Office Address:	1200 South Pine Island Road	- 	Services of the services of th	
	Plantation		B: 00 STATE	
	(City)	(Zip code)		

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.

(Registered agent's signature)

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: Adam Wiener	□ Chairman	Name: Adam Wiener			
□Vice Chairman	Address: 1099 Stewart Street, Suite 600	□Vice Chairman	Address: 1099 Stewart Street, Suite 600			
Director	Seattle, WA 98101	□Director	Scattle, WA 98101			
□President		President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	☐Treasurer			
□Other	□Other	□Other	□Other			
□ Chairman	Name: Quinn Hawkins	□Chairman	Name: Jason Aleem			
□Vice Chairman	Address: 1099 Stewart Street, Suite 600	□Vice Chairman	Address: 1099 Stewart Street, Suite 600			
□Director	Seattle, WA 98101	□Director	Seattle, WA 98101			
□President		□President				
Vice President		■Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	□Other			
□ Director □ President □ Vice President □ Secretary □ Other Important Notice: individuals mayelse	Use an attachment to report more than six (6). The attac	□ Director □ President □ Vice President ■ Secretary □ Other	d for reporting purposes only. Non-indexed			
12. Linthony Eappus Signature of Director or Officer						
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.						

13. Anthony Kappus, Secretary

(Typed or printed name and capacity of person signing application)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROFN VENTURES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RDFN VENTURES, INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203223512

Date: 05-17-21

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