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2015 JUL 17 MI 10: 44

COVER LETTER

SUBJECT:	REDZONE MAPS, LLC
	Name of Limited Liability Company
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all co	orrespondence concerning this matter to the following:
	LINDA TUMOLO Name of Person
	Name of Person
	Firm/Company
_	2112 RICHFIELD GOVE DR. Address
	Address
_	OCOEF FL 34761 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
	LINDA TUMOLO at 954 Area Code Daytime Telephone Number
	G ADDRESS: STREET ADDRESS: of Corporations Division of Corporations
Registrati	ion Section Registration Section
P.O. Box Tallahass	6327 Clifton Building ee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a cl	heck for the following amount:
\$125.0	heck for the following amount: 10 Filing Fee \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate Copy 10 Certificate of Status Certified Copy 11 Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:) REGISTER A
-	
1. REDZONE MAPS LL C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must incl Liability Company," "L.L.C," or "LLC.")	ude "Limited
2. DELAWAPE 3. 47-4423104 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 801 BRICHELL AVE - STE 900	3
MIAMI FL 33/3/ (Street Address of Principal Office)	<u> </u>
6. 1746 E. SILVER STAR RD. STE 356	
	<u> </u>
OCOEE, FL 34761	京州 #
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar	re:
THEODORE FARNSWORTH MANAGE	·R
THEORE TO COUNTY, JUNE 1011 GE	
	·····
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by	
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the	
must be submitted)	e translator
The state of the s	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts s am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	tated herein are true. I 155, F.S.)
THEODORE FARNSWORTH	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
REDZONE MAPS LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
THEODORE FARNSWORTH (Name)	ANS JUL 1
1746 E. SILVER STAR RD - STE 356 Florida Street Address (P.O. Box NOT ACCEPTABLE)	7 10 11
<u>Ο ω Ε Ε</u> <u>FL</u> 34761 City/State/Zip	(1) L

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "REDZONE MAPS, LLC" IS DULY FORMED

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

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2015.

5778170 8300

151009804

AUTHENTY CATION: 2526262

DATE: 07-06-15

You may verify this certificate online at corp.delaware.gov/authver.shtml