(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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K. SALY EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations '					
	state, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed "Applicati Existence, and check are	on by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all corresp	ondence concerning this matter to the following:					
Sydno	ey Ihde					
	Name of Person					
KS R	eal Estate, LLC					
	Firm/Company					
РО В	ox 71					
	Address					
White	Salmon, WA 98672					
	City/State and Zip Code					
kswhite	esalmon@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:					
Kathryn Bustle	415 902-5215 at ()					
	Name of Contact Person Area Code Daytime Telephone Number					
MAILING AI Division of Con Registration Se P.O. Box 6327 Tallahassee, FI	porations Division of Corporations ction Registration Section Clifton Building					
Enclosed is a check for the \$125.00 Fili						

	IN FL	ORIDA	TENTOROT DODITION .
COMPANYTO TRANSACT BU	TION 605.0902, FLORIDA STATULES, THE FO SINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTER A F	FOREIGN LIMITED LIABILITY
KS Real Estate, LLC 1.			
(Name of Fore	ign Limited Liability Company; must include	e 'Limited Liability Company," "L.L.C.," or "	LLC.")
Liability Company,""L.L.C,"	or "LLC.")	sacting business in Florida. The alternate name	e must include "Limited
State of Washington	3	EIN: 47-0979128	
company is organized) N/A	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)	
5			_
707 SW Waubish St. V	Vhite Salmon WA 98672		
6	(Street Address of Principal		SCEN SCEN
PO Box 71 White Salm	non WA 98672		P-I
	(Mailing Address)		10 =
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	PA E
Name:	Kenneth Holmes		21 - T
Office Address:	312 12th St. W.		Dr. C
	Bradenton	34205 Florida	
	(City)	(Zip code)	-
designated in this applicate to complywith the provision	gistered agent and to accept service of jetion, I hereby accept the appointment a cons of all statutes relative to the proper my position as registered agent	process for the above stated limited liabi is registered agent and agree to act in thi and complete performance of my duties	is capacity. I further agree
•	(Registered age	ent's signature)	
8. The name, title or capa Sydney Ihde, member	acity and address of the person(s) who ha	as/have authority to manage is/are:	
Kathryn Bustle, member		· · · · · · · · · · · · · · · · · · ·	
			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certifica	duly authenticated by the official having te is in a foreign language, a translation of the interest of the in	custody of records in the f the certificate under oath
and the second s	_	_	
This document is executed submitted in a document to	d in accordance with section 605.0203 (I o the Department of State constitutes a th) (b), Florida Statutes. I am aware that an ird degree felony as provided for in s.817	y raise information 1.155, F.S.

Kathryn Bustle, member KS Real Estate, LLC



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE **OF**

KS REAL ESTATE, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entit was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 5/29/2014.

> I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: August 26, 2016

UBI: 603-407-291

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

