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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Kimberly Bradley-Brunson, Broker

Kimberly Brunson

Hunter Real Estate & Associates, LLC

4825 Hempstead Drive

Lexington, KY 40515

859-312-6366

Lexingtonbroker@aol.com

April 16, 2019

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

To Whom it May Concern:

My name is Kimberly Brunson, I am the broker/owner of Hunter Real Estate & Associates, LLC in Lexington, KY. I recently acquired my Florida Broker's license and intend to perform real estate brokerage services in Panama City Beach, Florida and surrounding areas. Pursuant to this goal, I am registering my Kentucky based company as a foreign limited liability company in Florida.

Please review the attached documents, including application by foreign limited liability company, articles of organization for Hunter Real Estate & Associates, LLC and our annual report showing Hunter Real Estate & Associates, LLC is a going concern.

Sincerely

Kimberly Brunson

mornly trumpor

Right on Target







May 15, 2019

KIMBERLY BRUNSON 4825 HEMPSTEAD DRIVE LEXINGTON, KY 40515

SUBJECT: HUNTER REAL ESTATE & ASSOCIATES, LLC

Ref. Number: W19000048110

We have received your document for HUNTER REAL ESTATE & ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 019A00009867

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	HUNTER REAL ESTA	TE & ASSOCIATES, LLC									
SUBJECT.		Name of Limi	ited Liability (Company							
		Limited Liability Company register the above reference									
Please return	all correspondence conce	erning this matter to the follo	owing:								
	Kimberly Brunson										
	Name of Person										
	Hunter Real Estate & Associates, LLC										
	Firm/Company ASE 39										
	4825 Hempstead Dr	ive			JUN AREA	-Y:					
	Address										
	Lexington, KY 405	15			SECNETALLE PH 4	Ö					
		City/State	and Zip Code		ATE PRID						
	Lexingtonbroker@ao				▶						
	E-r	nail address: (to be used for	future annual	report notification)							
For further in	nformation concerning this	s matter, please call:									
Kir	nberly Brunson	at	859 (312-6366							
	Name of Co	ntact Person	Area Code	Daytime Teleph	ione Number						
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS Division of Corporati Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle						
	losed is a check for the fo ase make check payable to	llowing amount:	NT OF STA	ГЕ							
	\$ 125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		•	\$160.00 Filing Fee of Status & Certifi						

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 REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HUNTER REAL EST	ATE & ASSOCIATES, LLC							
(Name of Foreign	n Limited Liability Company; must include	: "Limited Liability	Company," "L.L.C	.," ör "LLĆ.")			
(If name unavailable, enter alternate	name adopted for the purpose of transacting busin	ness in Florida. The al	ternate name must inclu	de "Limited Lia	bility Compan	y," "L.L. C	," or "1.LC,")	
Kentucky	which foreign limited liability company is organize	3.						
(Jurisdiction under the law of v	shich foreign limited liability company is organize	xd)		(FEI number, if applicable)				
n/a 4								
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.	if prior to registration to determine penalty l) iability)					
4825 Hempstead Drive 5. (Street Address of Principal Office)		6.	4825 Hempstea	d Drive				
(Street Address of	Principal Office)			(Mailing Add	ress)			
Lexington, KY 40515			Lexington, KY	40515	SEC	2019		
		•			AHASS	- MOF 6102		
	<u> </u>						——————————————————————————————————————	
7. Name and street addre	ss of Florida registered agent: (P.0	O. Box <u>NOT</u> a	cceptable)		OF STATE	PM 4: 11		
Name:	Kimberly Brunson		·······		DA TE	16		
Office Address:	6505 Thomas Drive #808							
	Panama City Beach			32408				
	(City)		, 1 lorida _	(Zip cod	c)			

Registered agent's acceptance:

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 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Kimberly Brunson Manager Manager Manager Name: Address: 4825 Hempstead Drive Member Member Address: Lexington, KY 40515 Authorized Authorized Person Person Other _____ Other____ Other____ Other Manager Manager Name: _____ Name: Member Address: Member Address: ■ Authorized Authorized Person Person Other____ Other____ Other__ Manager Name: Manager | Name: Address: Member ☐ Member Address: Authorized Authorized Person Person Other____ Other____ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.817.155, F.S. Kimberly Brunson

Typed or printed name of signee

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 2162

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HUNTER REAL ESTATE & ASSOCIATES, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 9, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Scal at Frankfort, Kentucky, this 24th day of May, 2019, in the 227th year of the ESC Commonwealth.

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

216225/0534719