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		]	Redfin Co	rporation										Ç.	- 2		
	Firm/Company  1099 Stewart Street, Suite 600  Address								<u></u>	<u>د.</u>	راً.						
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	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						]	Regist Division The Co	address: ration Second of Countre of	orpo Tall	rations lahasse	ee	810				
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## 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:

			te name must include "Limited		y, L.L.	o, o, <b>o</b>	
Delaware		82- 3.	5206767				
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	-/-	(FEI nu	number, if applicable)			
N/A							
	(Date first transacted business in Florida, if prior to r	egistration.)			2021 KAY		
	(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty liabilit	y)	ره د دهم ازمن سم		~~~?	
1099 Stewart Street, St	iite 600		9 Stewart Street, Suite	600 🗀	<del>1</del>		
eet Address of Principal Office)	<del></del>	6	(Mailing Address)		8	1	
Seattle, WA 98101		Seattle, WA 98101			PE		
	<del></del>			- <u>Ma</u> -55	ယ		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	otable)				
Name:	NRAI Services, Inc.		<u> </u>				
Office Address:	1200 South Pine Island Road	<del></del>	_				
	Plantation		33324 , Florida				

and accept the obligations of my position as registered agent.

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 Canacity:		Name and Address:
□Manager	Name: Redfin Corporation	□Manager	Name:	
■Member	Address: 1099 Stewart Street, Suite 600	□Member	Address:	
□Authorized	Seattle, WA 98101	□Authorized		
Person		Person		······································
□Other	Other	□Other	<del></del>	□Other
		_	ij	2021 HA
□Manager	Name:	□Manager	Name:	- (1) (22) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
□Member	Address:	□Member	Address:	20 7
□Authorized		□Authorized	:	AC PH
Person		Person	· · · · · · · · · · · · · · · · · · ·	
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	<del></del>	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. Non-indexed 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.

Signature of an authorized person

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REDFIN HOME SERVICES 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 SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDFIN HOME, SERVICES LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2018.

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



Jeffrey W. Bulliocs, Sacretary of State

Authentication: 203223500