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COVER LETTER

ECT: _	Redmon Realty Group LLC						
_	Name of Limited Liability Company						
nclosed " nce, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to referenced foreign limited liabi	Transact Busine lity company to	ess in Flo transac	orida," t busir		
return a	Il correspondence concerning this matter t	o the following:					
	Adam J Sipe						
		Name of Person	,				
	Sipe Consulting LLC						
	PO Box 458	Firm/Company		SEONE	2021 JUN		
	Stilwell, KS 66085	Address		ASY OF	-9		
	C adam@sipeconsultingllc.com	City/State and Zip Code		STATE	PM 4: 44		
	E-mail address: (to be	e used for future annual report r	notification)				
rther info	ormation concerning this matter, please ca	11:					
Adan	ı J Sipe	913 945-0	0681				
	Name of Contact Person	at () Area Code D	aytime Telepho	one Num	ber		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810)			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FORESTN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	LLC Limited Liability Company, must include "Limited	Liability	Company," "L.L.C.," or "LI	.C.")			
name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The a	lternate name must include "Lim	ited Liability C	отрапу,"	"L.L.C." or "L	
Kansas		3	82-1882139				
(Jurisdiction under the law of which foreign limited liability company is organized)		5.	(FE	number, if app	pplicable)		

	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	ne penalty) iability)				
370 Mango Lane		6	370 Mango Lane (Mailing Address)	<u> </u>	2021 .	-	
reet Address of Principal Office)		٠. ,	(Mailing Address)		£	-	
Freeport, FL 32439			Freeport, FL 32439	AFAS.	9-1	(1923) (1923)	
		•		OF S	ե պ ։ ի Աժ	O	
				구물	==		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	FT)	+		
	Laura Redmon						
Name:							
Office Address:	370 Mango Lane		<u></u>				
	Freeport		32439 . Florida (Zip a				
	(City)		,				

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.

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:
□Manager	Name:	□Manager	Name: Robert Redmon
■Member	Address: 370 Mango Lane	■Member	Address: 370 Mango Lane
□Authorized	Freeport, FL 32439	□Authorized	Freeport, F1. 32439
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name: St. 28
□Member	Address:	□Member	Address: PR T
□Authorized		□Authorized	-9
Person		Person	SSET OF THE STATE
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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

Laura Redmon

Typed or printed name of signee

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8691248

Entity Name: REDMON REALTY GROUP, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on June 08, 2017, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 18, 2021

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1177288 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

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