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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	KEH 3820 RUBY WAY LLC						
SUBJEC	Name of Limited Liability Company						
The encl Existenc	losed "Application by Foreign Limited Liability ee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	¹ Certificate of ness in Florida				
Please re	eturn all correspondence concerning this matter	to the following:					
	Matthew A. LaBuhn						
		Name of Person					
	1031 Strategies EAT LLC						
	Firm/Company						
	35 N. Fourth Street, Suite 100		-1				
	Address						
	Columbus, Ohio 43215		平 [] 2021 DEC 2				
	City/State and Zip Code						
	mal@olrbiaw.com		PA				
	E-mail address: (to b	be used for future annual report notification)	PM 6: 47				
For furth	her information concerning this matter, please c	all:	·				
	Matthew A. LaBuhn	614 7160500 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number	•				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE ■ \$125.00 Filing Fee □ \$130.00 Filing Fe	EPARTMENT OF STATE					

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:

1. KEH 3820 Ruby Way LI (Name of Foreign L	mited Liability Company; must include "Limited	Liability Company,	" "L.L.C.," or "LLC.")	<u> </u>		_
(If name unavailable, enter alternate na	ne adopted for the purpose of transacting business in Fl	orida. The alternate nam	ne must include "Limited Liabili	ty Company," "	LLC," or	"LLC.")
Ohio 2.	ch foreign limited liability company is organized)	3	(FEI number, i	f applicable)		_
(Jurisdiction under the law of whi	th foreign minica matricely company is organized,		,			
4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty liability)				
35 N. Fourth Street, Sui	te 100		ourth Street, Suite 100			
5. (Street Address of Principal Office)	<u> </u>	6(Mail	ling Address)			_
Columbus, Ohio 43215		Columbi	us, Ohio 43215		_	_
					2821	_
<u> </u>					<u>=</u>	
	CEL 11 maintand month (B.O. Box	NOT acceptable	le)	LLAMAS	DEC 2	AMERICAN PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS O
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable	ic)	5	Ľ	- 12 12 13
				(3) ·	PΗ	, 1 å
Name:	Corporation Service Company			ોલા _ઇ -	PH 6:	فيصدن
					<u>-</u> 1	
Office Address:	1201 Hays Street					
	10 H 1		Florida <u>32301</u>			
	Tallahassee (City)	•	(Zip code)			

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.

The Thorse (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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: 1031 Strategies EAT LLC Matthew A. LaBuhn ■ Manager □Manager 35 N. Fourth Street, Suite 100 Address: 35 N. Fourth Street, Suite 100 □Mcmber Member Columbus, Ohio 43215 Columbus, Ohio 43215 □ Authorized Authorized Person Person □Other_____ Other____ □Other_____ Other Name: ______ □Manager □Manager Address: □Member Address: □Member □ Authorized □ Authorized Person Person □Other_____ Other □Other □Manager Name: _____ □ Manager Address: ☐ Member ☐ Member □ 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 Stare constitutes a third degree felony as provided for in s.817.155, F.S. Matthew A. LaBuhn, Manager

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KEH 3820 RUBY WAY LLC, an Ohio For Profit Limited Liability Company, Registration Number 4789579, was organized within the State of Ohio on December 17, 2021, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus Ohio this 21st day of December, A.D. 2021.

Ohio Secretary of State

Validation Number: 202135501002