MADOC	D10535
(Requestor's Name) (Address) (Address)	300388603233
(City/State/Zip/Phone #)	06/03/2201018008 **160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FIL SECRETARIA IALLAHASS
Special Instructions to Filing Officer:	
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TO: Registration Section Division of Corporations

PROPERTIES LLC Name of Limited L SUBJECT:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Kyle Mills at (804) 334-6847 Name of Contact Person Area Code Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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 KTA PROPERTIES LLC. (Name of Foreign Labulity Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
RUB-SRO PROPERTIES LLC (It name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability C	lompany," "L.I.,C," o	r "LLC.")
2. <u>VIRGIWIA</u> (Jurisdiction under the law of which foreign limited liability company is organized) 3. <u>83-3.165</u> (Diff number, if ap		_
4(Date Brst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 1703 MICHAELS RD 6. 203 MICH	HAELSK	<u>?)</u>
RICHMONDI/A 23229 RICH MOND	VA à	BAY
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	SET ANA STE	
Name: <u>KYLE MILLS</u> Office Address: <u>5444 SWIFT RD</u>	PH 5: 19	D
SARASOTA Florida 34231		

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:
W Manager	Name: KILE MILLS	□Manager	Name:
Member	Address: 1703 MICHAELSRI	□Member	Address:
□Authorized	RICHMOND, UA2305	7 □Authorized	
Person	, 	Person	
Other	Other	Other	①Other
□Manager	Name:	□Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	⊡Manager	Name:
□Member	Address:	⊡Member	Address:
Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Dther

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 (F) (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.

the Department of State constitutes a tintu degree letony as provided for in sis-
Kelle
Signature of an authorized person
$1/\sqrt{1-n}$
KULE MILLS
I yped or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That KTM Properties, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on November 15. 2011; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 30, 2022

Bernard J. Logan, Clerk of the Commission