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COVER LETTER

	ration Section on of Corporations	
SUBJECT:	KBH Lavestments	of Limited Liability Company
	Name	of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to	the following:
	_ Kim Bries	Name of Person
		Name of Person
	KBH Investm	ents Lic
		Firm/Company
	5021 London	Rd
		Address
	<u>Farmingti</u>	ty/State and Zip Code
		© aol, wm used for future annual report notification)
For further info	rmation concerning this matter, please call	l:
	Kim Briese	at (573) 631 – 9818 Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Regis	g Address: tration Section ion of Corporations	Street Address: Registration Section Division of Corporations
	Box 6327 nassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i anai	1855CC, 1 C 32314	Tallahassee, FL 32303
Please	ed is a check for the following amount: make check payable to: FLORIDA DEP, 5.00 Filing Fee \$\sum \\$\sum \\$\\$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE POL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LLOPVING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABII
1. KBH Unvestments UC (Name of Foreign Limited Liability Company, must include "Limited"	Cability Company, " LL.C. or "LLC"
KBH Invariance 102 110	
name unavailable, criter alternate name adopted for the purpose of transacting business in Flori	ids. The alternate name must include "Limited Liability Corrector," "L.L.C." or "L.C."
(Jurisdiction under the law of which foreign limited liability company is organized)	3. 85-086 7032. (FEI number, if applicable)
Nav. 19, 2022	
(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0903, F.S. to determine	istration) peralty liability)
5021 Landon Rd	
Farmington, NO 63640	6. 5021 London Rd (Mailing Address) Farmington, mo 63640
Name and street address of Florida registered agent: (P.O. Box N	OT acceptable)
Name: Jenny Snyder	
Office Address: 6827 Amili Ct	- . మ
Port Orange	_, Florida 32128
gistered agent's acceptance:	
esignated in this application, I hereby accept the appointment as re- comply with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent.	gistered agent and agree to act in this capacity. I further agree I complete performance of my duties, and I am familiar with

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 Briese Name: Daniel Briese □ Manager □ Manager Address: 5091 London Rd **X**Member Address: 5091 London Rd **⊠**Member Farmington, MO 63640 Farmington MO 63640 □ Anthorized □ Authorized Person Person ∄Other___ □Other____ □Other____ □Other____ □Manager ∐Manager. □Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person _lOther___ ∐Other_ □Other___ LlOther____ ∐Manager □Manager Name: _____ _JMember Address: ______ ☐Member Address: □ Authorized □ Authorized Person Person ∐Other_ L]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 Briefer
Signature of an authorized person Kimberly Briese
Typed or printed name of signee STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R, ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

KBH Investments LLC LC001701428

was created under the laws of this State on the 24th day of April, 2020, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of February, 2023.

Secretary of State

Certification Number: CERT-02162023-0062