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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

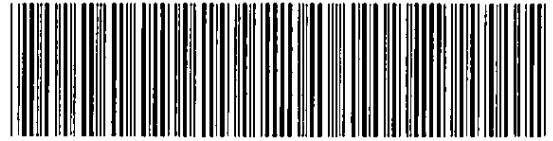
(Business Entity Name)

(Document Number)

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T. LEMIEUX
JUN 20 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UMC Capital LLC

Name of Limited Liability Company

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:

Breon Price

Name of Person

UMC Capital LLC

Firm/Company

2752 Erie Ave. Suite 11-1

Address

Cincinnati

OH

45208

City/State and Zip Code

Breonprice@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breon Price at () **740-504-4894**
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**

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. UMC Capital LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. OH (Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-2325110 (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2752 Erie Ave. Suite 11-1 (Street Address of Principal Office)
Cincinnati OH 45208
6. 2752 Erie Ave. Suite 11-1 (Mailing Address)
Cincinnati OH 45208

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St. N STE 300

St. Petersburg, Florida 33702
(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.

Bill Name
(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:

Manager Name: Breon Price

Member Address: 2752 Erie Ave. Suite 11-1

Authorized Cincinnati OH 45208

Person _____

Other _____ Other _____

Manager Name: Andy Payne

Member Address: 2752 Erie Ave. Suite 11-1

Authorized Cincinnati, OH 45208

Person _____

Other _____ Other _____

Manager Name: Keyan Chang

Member Address: 2752 Erie Ave. Suite 11-1

Authorized Cincinnati, OH 45208

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Lauren Moore

Member Address: 2752 Erie Ave. Suite 11-1

Authorized Cincinnati, OH 45208

Person _____

Other _____ Other _____

Manager Name: Kelsey Chang

Member Address: 2752 Erie Ave. Suite 11-1

Authorized Cincinnati, OH 45208

Person _____

Other _____ Other _____

Manager Name: Leah Grote

Member Address: 2752 Erie Ave. Suite 11-1

Authorized Cincinnati, OH 45208


Person _____

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

Breon Price
Typed or printed name of signer

Member/Other:

**RGKG Mortgage Holdings LLC
Ryan Gillen and Kelly Gillen
2835 Miami Village Dr, Suite 200,
Miamisburg, OH 45342**

Member/Other:

**Saint John Group LLC
Tom Maloney and Holly Maloney
P.O. Box 33143
Cincinnati, OH 45233**

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 UMC CAPITAL LLC, an Ohio Limited Liability Company, Registration Number 4999073, was organized in the State of Ohio on February 13, 2023, 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 17th day of May, A.D. 2023.

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202313703550