M23000/2105

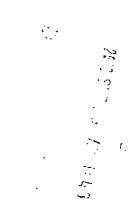
(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





900415374419

09/28/23--01020--013 +*125.00



T. 17 -- 1X OCT - 4 2023

COVER LETTER

. ~

.

TO:

UBJECT	MOMENTUM REALTY GROUP, LLC					
DJECI	Name of Limited Liability Company					
he enclose xistence,	ed "Application by Foreign Limited Liability of and check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate c referenced foreign limited liability company to transact business in Florid				
lease retu	m all correspondence concerning this matter to	o the following:				
	Hayley Botz					
		Name of Person				
	NCH Registered Agent					
		Firm/Company				
	4730 S. Fort Apache Rd Ste 300					
		Address				
	Las Vegas. Nevada 89147					
	C	City/State and Zip Code				
	cmb@cmdesignco.com					
	E-mail address: (to be	e used for future annual report notification)				
or further	information concerning this matter, please ca	II:				
С	Christian Bouldin	256 504-7427				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	lailing Address: egistration Section	Street Address: Registration Section				
	Division of Corporations	Division of Corporations				
	.O. Box 6327	The Centre of Tallahassee				
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E: Pl	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEI	PARTMENT OF STATE				
	\$125.00 Filing Fee S130.00 Filing Fe Certificate of	ee & 🔲 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NCH Registered Agent Office Address: Orlando Orlando Total (Cay) Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459	ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	Torida, The	alternate name must inclu	ide "Limited Liability Comp	pany," "L.L.C," or "l	
(Date first trinsacted business in Elorida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty flability) 1370 N County Highway 393 et Address of Principal Office) Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Office Address: Orlando Orlando Orlando Orlando Technical determine penalty flability) 1370 N County Highway 393 (Mailing Address) Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459	Vyoming						
(Date first trunsacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0904 & 603,0905, F.S. to determine penalty liability) 1370 N County Highway 393 6. (Mailing Address) Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NCH Registered Agent Name: Office Address: Orlando Orlando Telorida (Cay) Orlando Telorida (Zip code)	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if applicable)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Normalized Address of Florida Service Agent Name: Office Address Orlando							
1370 N County Highway 393 et Address of Principal Office) Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Office Address: Orlando Orlando Orlando (Cay) 1370 N County Highway 393 (Mulling Address) Santa Rosa Beach, Florida 32459							
Name: Name: Office Address Office Office		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration nine penalty	n.) liability)	_		
Santa Rosa Beach, Florida 32459 Santa Rosa Beach, Florida 32459 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NCH Registered Agent 390 North Orange Ave., Ste.2300-N Office Address: Orlando (Cay) Florida (Zip code)	1370 N County Highw	ay 393		1370 N County I	lighway 393		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Note: Note:	et Address of Principal Office)		6.	(Mailing Address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: 390 North Orange Ave., Ste.2300-N Orlando Orlando Orlando Total (Cay) Orlando (Cay) NOT acceptable) 20 21 22 23 24 25 27 27 28 28 20 20 20 20 20 20 20 20	Santa Rosa Beach, Flor	rida 32459		Santa Rosa Beac	h, Florida 32459		
Name: Name: NCH Registered Agent Contact					·	22.23	
Name: Name: NCH Registered Agent Contact	· · · · · · · · · · · · · · · · · · ·					-9	
Name: Nome: 390 North Orange Ave., Ste.2300-N Orlando Orlando (Cay) (Cay) NOTH Registered Agent (City code)	Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)			
Office Address: Orlando Orlando , Florida (Cay) (Cay) (Cay) (Cay)					.*.	_	
Office Address: Orlando Orlando Florida (Cay) Office Address: (Cay) Orlando (Cay) Orlando (Cay) Orlando (Cay) Orlando Orlando (Cay) Orlando	Name	NCH Registered Agent			`•	د رخان ************************************	
Office Address: Orlando , Florida (Cay) (Cay) Office Address: (Cay) Orlando , Florida (Zip code)	Natire.					Én	
Orlando 32801 - (Cay) (Cip code)		-					
(Cay) , Florida (Zip code)	Office Address:						
(Cny) (Zip code)	Office Address:						
	Office Address:				(Zin code)	=-	
gistered agent's acceptance:	Office Address:		<u> </u>		(vii) exact	• •	
	gistered agent's accep ving been named as re	tance: gistered agent and to accept service of	process		ed limited liability	company at th	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar	gistered agent's accep ving been named as re ignated in this applica	tance: gistered agent and to accept service of tion, I hereby accept the appointment o	process as regist	ered agent and ag	ed limited liability tree to act in this ca	company at the spacity. I furth	

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: Title or Capacity: Name and Address: Name: ____Bouldin ■ Manager □Manager Name: _____ 1370 N County Highway 393 □Member □Member Address: Santa Rosa Beach, Florida 32459 ☐ Authorized □ Authorized Person Person □Other____ Other □Other__ Other Lana Denson Name: Name: ■Manager □Manager Address: _____ ☐ Member ☐ Member Address: Santa Rosa Beach, Florida 32459 □ Authorized □ Authorized Person Person □Other____ Other □Other Other □ Manager Name: □Manager Name: ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □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. Signature of an authorized person

Typed or printed name of signce

Christian Bouldin

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

MOMENTUM REALTY GROUP, LLC

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 28, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001322086**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of September, 2023 at 10:06 AM. This certificate is assigned ID Number 064997434.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.