## Fa500000839

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
, , , , , ,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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	stration Section						
	-						
SUBJECT: RED Investments LLC  Name of corporation - must include suffix							
Dear Sir or M	ladam:	·					
Dear Sir or ivi	iavaiii.						
"Certificate o	f Existence," o	by Foreign Corporation or "Certificate of Good rporation to transact bu	Standin	g" and check are sub			
Please return	all correspond	ence concerning this ma	atter to	the following:			
Rachel Wolf							
		Name	of Pen	son			
RED Investme	nts LLC						
		Firm/	Compar	ny			
2900 Bay to B	ay Blvd., Apt 90	03					
		A	ddress				
Tampa, FL 330	529						
<del></del>	<del></del> -	City/Sta	te and 2	Zip code	<del></del> _		
gbpropertymar	nagement@yaho	o.com					
	E	-mail address: (to be us	ed for	uture annual report n	otification)		
For further in	formation con	cerning this matter, plea	ise call:				
Greg Berkowit	ız	at (	)	315-2399			
Nam	e of Person	Area	Code	Daytime Telepl	hone Number		
		ER ADDRESS:		MAILING A			
Registration Section Division of Corporations				Registration Section Division of Corporations			
The Centre of Tallahassee				P.O. Box 6327			
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				Tallahassee, FL 32314			
Enclosed is a	check for the	following amount: FLORIDA DEPARTM	ENT ()	CTATE			
□ \$70.00 Fil		\$78.75 Filing Fee &		78.75 Filing Fee &	₩ \$87.50 Filing Fee,		
4,0.00 111		Certificate of Status		Certified Copy	Certificate of Status &		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	RED investment	is LLC					
		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"				
	RED Investment	s RW LLC					
	(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)				
2. Delaware		3	3. n/a				
	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)				
4.	3/4/22	5.					
••	(Date	of incorporation)	(Date of duration, if other than perpetual)				
6.	January 1, 2025						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
7.	2900 Bay to Bay	Blvd., Apt 903, Tampa, FL 33629					
•		(Principal off	ice <u>street</u> address)				
	(Current mailing address, if different)						
8.	Name and stree	et address of Florida registered agent: (P.0	D. Box <u>NOT</u> acceptable)				
	Name:	Rachel Wolf					
Office Address:		2900 Bay to Bay Blvd., Apt 903	<del></del>				
		Tampa, FL	, Florida				
		(City)	(Zip code)				

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

X Linux out
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## A. DIRECTORS Rachel Wolf □ Chairman □ Chairman Name: \_\_\_\_\_ 2900 W Bay to Bay Blvd - 903 ☐ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ Tampa, FL 33629 □ Director Director ☐ President ☐ President □Vice President \_\_\_\_\_ □ Vice President □ Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary Other \_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_ ☐Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director ☐ President □ President ☐ Vice President \_\_ ☐ Vice President ☐ Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director ☐ Director □President □ President ☐ Vice President ☐ Vice President \_\_\_ Treasurer ☐ Treasurer □ Secretary Secretary □Other \_\_\_\_\_ Other \_\_\_\_ □ 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 filipg your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Rachel Wolf 13.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RED INVESTMENTS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED INVESTMENTS LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2022.

Authentication: 202620380

Date: 01-04-25

6661022 8300 SR# 20244501939