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COVER LETTER

	istration Section				
	RMX Enterprises. Inc				
SUBJECT	Name	of corporation -	- must include suffix		
Dear Sir or i	Madam:				
"Certificate	d "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to t	of Good Stand	ing" and check are sub-		
Please return	n all correspondence concern	ing this matter t	o the following:		
Leanne Carpo	enter				
		Name of P	erson	· ·	
RE/MAX Re	alty Professionals				
	-	Firm/Comp	pany		
663 Azalea R	d				
		Addres	is		
Mobile, AL 3	66609				
-		City/State an	d Zip code		
leannecarpen	ter@gmail.com				
	E-mail addres	s: (to be used fo	r future annual report n	otification)	
For further i	nformation concerning this n	natter, please ca	n:		
Leanne Carpo	enter	at (6611471		
Nai	ne of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	a check for the following amcheck payable to: FLORIDA Dilling Fee (8.75 Filir Certificate	EPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

es. Inc				
	" "COMPANY." "CORPORATION	N,"		
es of AL, Inc				
able in Florida, enter alternate corporate name	adopted for the purpose of transactir	ng business in Florida)		
3	000-256-549	00-256-549		
		(FEI number, if applicable)		
5				
of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
(Principal off				
		2025 FEB 18		
785 Farmington Road		H3.25 B 18		
Pensacola	Florida	S. B. PH		
(City)	(Zip code)	H 5: 19		
	corporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp.") es of AL, Inc able in Florida, enter alternate corporate name y under the law of which it is incorporated) (Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 lobile. AL 36609 (Principal off (Current mailing et address of Florida registered agent: (P.C Jordan Jager 785 Farmington Road Pensacola	reproporation; must include "INCORPORATED," "COMPANY," "CORPORATION or "Inc." "Co." or "Corp.") es of AL, Inc able in Florida, enter alternate corporate name adopted for the purpose of transacting on on one of transacting one of transacting on one of transacting one of transacti		

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.

(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 Leanne Carpenter **■**Chairman Name: □ Chairman Name: 663 Azalea Rd □Vice Chairman □Vice Chairman Address: Address: Mobile, AL 36609 □ Director □Director □President □President ☐ Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □Other □Other _____ ☐Other ____ □Other _____ Chairman Chairman Name: Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: __ □ Director Director □President □ President □Vice President ____ □Vice President □Treasurer □ Secretary ☐ Secretary ☐ Treasurer. Other ____ □Other _____ □Other ____ □Other Name: □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: ____ □Director □Director ☐ President □President ☐ Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □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 filing 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

(Typedor printed name and capacity of person signing application)

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

State of Alabama

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that RMX Enterprises, Inc. was formed in Mobile County on March 14, 2008. The Alabama Entity Identification number for this entity is 000-256-549. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/07/2025

Date

Wes Allen

Secretary of State