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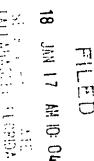
(Re	questor's Name)				
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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
	THE STRA	ANGER MODELS	, INC.			
SUBJ	ECT:	Name (	of corporatio	n - mu	st include suffix	
		rame (	л согротано	11 - IIIG	st merade surrix	
Dear S	Gir or Madam:					
"Certi		," or "Certificate	of Good Sta	ınding	and check are subm	Business in Florida," itted to register the
Please	return all correspo	ondence concerni	ng this matte	er to th	e following:	
IAN II	LYCH MARTINE	Z, ESQ.			_	
			Name of	î Perso	n	
BELL	O & MARTINEZ. P	LLC.				
			Firm/Co	mpany	<del></del>	<del>-</del>
2850 8	DOUGLAS ROAD	O, SUITE 303		•		
	•		Add	ress		
CORA	L GABLES, FL 331	134				
			City/State	and Zi	p code	
IMAR	TINEZ@BMRLAW	GROUP.COM				
		E-mail address	: (to be used	for fu	ture annual report no	tification)
For fu	rther information c	concerning this m	atter, please	call:		
IAN II	LYCH MARTINE	Z. ESQ.	305		42-7970	
	Name of Person		at ( Area Co	) de	Daytime Telepho	ne Number
	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	S:		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Enclos	sed is a check for t	he following amo	unt:			
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Certificate o			3.75 Filing Fee & tified 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.

DELAWARE	able in Florida, enter alternate corporate name ac			
11/30/2017	y under the law of which it is incorporated)			
4(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
2850 S DOUGLA 7	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150 AS RD, SUITE 303 CORAL GABLES, FL 3313 (Principa	2, F.S., to determine penalty liabili	ty)	
		address, if different)	<del>2</del> <del>8</del>	
	(Current maning	address, if different)		
8. Name and stree  Name:	at address of Florida registered agent: (P.O. BELLO & MARTINEZ, PLLC.	Box NOT acceptable)	17 三	
Office Address:	2850 S DOUGLAS RD, SUITE 303		. 10 0 	
	CORAL GABLES (City)	33134 , Florida		
	(City)	(Zip code)		

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.

## 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_ # 601B Vice Chairman: \_\_ Address: \_\_ # 601B **B. OFFICERS** # 60(13 Vice President: Address: \_\_ Secretary: \_ Address: \_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. \_\_\_\_ 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

(Typed)or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

13. <u>Jeffre</u>





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

DELAWARE, DO HEREBY CERTIFY "THE STRANGER MODELS, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2018.

Authentication: 201952777

Date: 01-10-18