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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

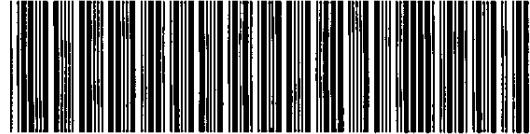
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 FEB - 1 P 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations
Strom Energy Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Dean M. Wallace

Strom Energy, Inc.	Name of Person
400 N. Ashley Dr, Suite 2600	Firm/Company
Tampa, FL 33602	Address
dwallace@stromlng.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Dean M. Wallace	727	230-8840
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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.*

Strom Energy, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Wyoming

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
8/3/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
400 N. Ashley Dr., Ste 2600, Tampa, FL 33602

7. _____
(Principal office address)
9441 Kingfisher Pl, Sebring, FL 33875

(Current mailing address, if different)

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

Dean M. Wallace

Name: _____

9441 Kingfisher Pl

Office Address: _____

Sebring

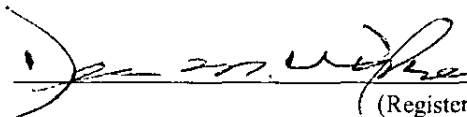
33875

(City)

_____, Florida _____
(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.



(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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Dean M. Wallace - The Wallace Family Trust

Director: _____

9441 Kingfisher Pl - Sebring, FL 33875

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Anthony Telemacque

Secretary: _____

9441 Kingfisher Place - Sebring, FL 33875

Address: _____

Maricris Shuman

Treasurer: _____

9441 Kingfisher Place - Sebring, FL 33875

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

Dean M. Wallace

13. _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Strom Energy, Inc. Directors

Title Director

The Gerauer Family Trust
1228 East 7th Ave.
Tampa, FL 33605

Title Director

The Lo-Key Family Trust
1228 East 7th Ave.
Tampa, FL 33605

Title Director

The Wallace Family Trust (Dean M. Wallace)
1228 East 7th Ave.
Tampa, FL 33605

Title Director

The Ellis Family Trust
1228 East 7th Ave.
Tampa, FL 33605

Title Director

The DeGenius Family Trust
1228 East 7th Ave.
Tampa, FL 33605

Title Chief Operating Officer (COO)

Robert Crewe
1228 East 7th Ave.
Tampa, FL 33605

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Strom Energy, Inc.

is a

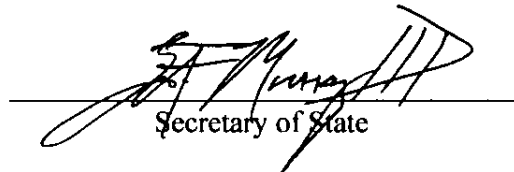
Profit Corporation

formed or qualified under the laws of Wyoming did on **August 3, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000691965**.

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 26th day of January, 2017 at 4:10 PM. This certificate is assigned 022050314.




Secretary of State