## FBCCCOOS32S

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
•	<b>3</b>	

Office Use Only



300321055503

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 499970 7957700

AUTHORIZATION : Simulation

COST LIMIT : \$ 87.50

ORDER DATE: November 21, 2018

ORDER TIME : 12:32 PM

ORDER NO. : 499970-005

CUSTOMER NO: 7957700

FOREIGN FILINGS

NAME: STRENTA FIDUCIARY

MANAGEMENT SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

## **COVER LETTER**

	stration Section of Corp						
		porations A FIDUCIARY M	ANAGEMEI	NT SERVI	CES, INC.		
SUBJECT:		Name	of corporati	on - mus	include suffix		<del></del>
Dear Sir or M	iadam:						
"Certificate o	f Existence		e of Good S	tanding"	rization to Transact and check are subm lorida.		
Please return EDUARDO N		ondence concer	ning this ma	tter to the	following:		T:
			Name	of Person			1
STRENTA FI	DUCIARY	MANAGEMENT	SERVICES,	INC.			2 104 2
			Firm/C	ompany			2
1555 BONAV	'ENTURÉ E	BLVD. , SUITE 20	011				1
			.Ad	dress		<del></del>	<u>~</u>
WESTON, FL	. 33326						? !!
		<u> </u>	City/State	e and Zip	code		17
EDUARDO.N	OGUERA(	@STRENTA-FMS					
		E-mail addre	ss: (to be use	d for fut	ire annual report no	otification)	<del></del>
For further in	formation	concerning this	matter, pleas	se call:			
EDUARDO N	OGUERA		954 at (	)	217-4896 Ext. 302	!	
Nam	ie of Person	n	Area C	Code	Daytime Teleph	one Number	<del>-</del>
Regis Divis Clifto 2661	stration Secsion of Coron Building	porations g Center Circle	SS:		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Fl.	ction porations	
Enclosed is a	check for	the following an	nount:				
□ \$70.00 Fi	ling Fee	☐ \$78.75 Fili Certificate			75 Filing Fee & ified Copy	S87.50 Fill Certificat	e of Status &

W

## 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 III			
DELAWARE, U	ole in Florida, enter alternate corporate na	me adopted for the purpose of transac	ting business in Florida)
,	SA	83-2274598 3	
AUGUST 30, 20	under the law of which it is incorporated)		
(Date o	of incorporation)	5. (Date of duration, if oth	er than perpetual)
1555 BONAVENT	FURE BLVD., SUITE 2011, WESTON, F	7.1502, F.S., to determine penalty liab	
Name and street	(Current m	ailing address, if different)	21 A 2: 3
Name:	Corporation Service Company	(1.0. box inor acceptable)	W F
fice Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
signated in this e rther agree to co ties, and I am fa	nt's acceptance:  and as registered agent and to accept so application, I hereby accept the appoint apply with the provisions of all status amiliar with and accept the obligation apporation Service Company	intment as registered agent and a es relative to the proper and com	ngree to act in this capacity. plete performance of my
Ву		e dun	Asst. Vice Presid

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.

unc

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: Vice Chairman: EDUARDO NOGUERA Director: 1555 BONAVENTURE BLVD., SUITE 2011, WESTON, FL 33326 Address: **NEGDA HERNANDEZ** Director: 1555 BONAVENTURE BLVD., SUITE 2017, WESTON, FL 33326 Address: \_ B. OFFICERS President: Vice President: Address: \_\_ Secretary: \_ Address: \_\_ Treasurer: NOTE: If necessary, you may attach arrandendum to the application listing additional officers and/or directors. 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.

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

EDUARDO NOGUERA, DIRECTOR

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STRENTA FIDUCIARY MANAGEMENT SERVICES,

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 TWENTY-FIRST DAY OF

NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRENTA FIDUCIARY MANAGEMENT SERVICES, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

Authentication: 203948355

Date: 11-21-18

7037906 8300 SR# 20187762013