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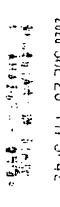
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1020100	2410/2/10	

Office Use Only



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AUG - 3 2020 M. SOLOMON



March 4, 2020

MARC BROWN 1314 E LAS OLAS BLVD., #1146 FORT LAUDERDALE, FL 33301 US

SUBJECT: INVESTMENT STRATEGY GROUP II, INC.

Ref. Number: W20000024026

We have received your document for INVESTMENT STRATEGY GROUP II, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

1/1855 1 D

RECEIVED
JUL 2 0 2020

Letter Number: 120A00004789

COVER LETTER

то:	_	tration Section ion of Corporations			
SUBJI	FCT.	Investment Strategy Group II,	Inc.		
5013	.c.	Name o	f corporation	- must include suffix	
Dear Si	ir or M	adam:			
"Certif	icate o	"Application by Foreign Colf f Existence," or "Certificate ced foreign corporation to tra	of Good Stan	ding" and check are sub-	
Please	return	all correspondence concernit	ng this matter	to the following:	
Marc B	rown				
			Name of	Person	
Investn	nent Str	ategy Group II. Inc.			
			Firm/Com	pany	
1314 E	Las Ol	as Blvd, #1146			
			Addre	?\$S	
Fort La	iuderdal	e, FL 33301			
-		 .	City/State a	nd Zip code	
Sendma	arcinfo(@gmail.com			
		E-mail address	: (to be used f	or future annual report n	otification)
For fur	ther in	formation concerning this ma	atter, please c	all:	
Marc Brown 954 895-8824					
	Nam	e of Person	Area Code	Daytime Telepl	hone Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7
Please r	nake ch	check for the following amo leck payable to: FLORIDA DE ing Fee	EPARTMENT g Fee &	OF STATE I \$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.

	egy Group II, Inc. orporation; must include "INCORPORATE	D,	"COMPANY" "CORPORATION"		
	orp," "Inc." "Co." or "Corp.")				
(If name unavaila	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting busin	ness in Florida	
Delaware		3	84-4275120		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		e)	
January 6, 2020		5			
	(Date of incorporation)		(Date of duration, if other than pe	an perpetual)	
			Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607	7.15	02. F.S., to determine penalty liability)		
4942 N Universit	y Dr., Lauderhill, FL 33351				
	(Principal e	offi	ce <u>street</u> address)		
1314 E. Las Olas	Blvd., #1146, Fort Lauderdale, FL 33301			~ 4.0,	
	(Current ma	ilin	g address, if different)		
. Name and stree	et address of Florida registered agent: (1	P.C). Box <u>NOT</u> acceptable)	## ## ## ##	
Maria	Marc Brown			***	
Name:				62.	
Office Address:	4942 N University Dr			er Lei	
	Lauderhill		, Florida 33351	et. #P%	
	(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 pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my a 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdic under the law of which it is incorporated.

A. DIRECTORS				
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Columbia, MD 21045	□Director		
■President		□President		<u>. </u>
□Vice President		□Vice President		<u></u>
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□ Secretary		☐Treasurer, 2020
□Other	Other	□Other		□Other 20
□ Chairman	Name:	□Chainnan	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	at The Control of the
□Director		□Director		
□President		□President		
□Vice President		□ Vice President		<u> </u>
□ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other		□Other		□Other
Important Notice: individuals may be	Use an attachment to report plore than six (61/The atta added to the index when filing your Florida Department	ent of State Annual R	eport form.	
12	Signature of Director of	or Officer		
	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	er 11 above) affirms ti		

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



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

DELAWARE, DO HEREBY CERTIFY "INVESTMENT STRATEGY GROUP II, 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 NINTH DAY OF JULY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVESTMENT STRATEGY GROUP II, INC." WAS INCORPORATED ON THE SIXTH DAY OF JANUARY, A.D. 2020.



Authentication: 20325099

Date: 07-09-2