1417000000845

(Re	questor's Name)		
(Ad	dress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



200293936992

01/17/17--01044--030 **250.00

17 JAN 30 AN H: 43

(M) > -(H)

COVER LETTER

SUBJECT:			state,	iability Compan	y	
						to Transact Business in Florida," Certific ability company to transact business in F
Please return all corre	espondence conc	rning this ma	tter to the fo	llowing:		
		Je	erry P	. Sares	ky	
			Nam	e of Person		
		The	Ande	rsen Fi	rm	, P.C.
			Firm	/Company		<u> </u>
	500) E. Br	owar	d Blvd,	Su	ite 1600
				Address		· · · · · · · · · · · · · · · · · · ·
		Fort L	.aude	rdale, F	<u>-</u> L:	33394
				e and Zip Code	······································	
		jsar	esky	@taflaw	v.C	om
		3-mail address:	(to be used f	or future annual r	eport i	notification)
For further information	on concerning th	s matter, pleas	se call:			
Jerry	P. Sare	sky		866 at (, 2	230-2206
	Name of Co	ntact Person		Area Code	<i>'</i>	Daytime Telephone Number
	27		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center C ee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2017

JERRY P SARESKY 500 E BROWARD BLVD SUITE 1600 FORT LAUDERDALE, FL 33394

SUBJECT: NORTMANN REAL ESTATE, LLC

Ref. Number: W17000004112

We have received your document for NORTMANN REAL ESTATE, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00001036

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Nortmann Real Estate, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")	
(Name of Foreign Entitled Elability Company, this thender Elability Company, LEEC., Or LEC.)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")	
₂ Wyoming ₃	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 6019 SW 19th Street	
Miramar, FL 33023	
(Street Address of Principal Office)	
6. 6019 SW 19th Street	
Miramar, FL 33023	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
NANCY NORTMANN, 6019 SW 19th Street, Miramar, FL 33023, Manager	
Thu in the state of the state o	
	344
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translato must be submitted)	r
Solest.	
Signature of an authorized person (In accordance with section 605.9203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are am aware that any 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.)	ne.
Jerry P. Saresky	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Nortmann Real Estate		·		_
If unavailable, the alternate to be used	in the state of Florida is:			
	dress of the registered agent and office ar	re:		
Trailey Hortin	Nancy Nortmann (Name)			
6019 SW 19	,	© ence production of the of the of the of the open open open	17 JAN 30	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			1 30	
Miramar	33023			20 1
	City/State/Zip		15. 15.	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

migrature OMMen

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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,

Nortmann Real Estate, LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 15**, **2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000723177**.

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 12th day of January, 2017 at 6:45 PM. This certificate is assigned 021922626.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.