# M1700000

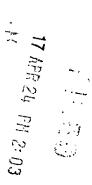
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>e</del> #)
<b>(</b>	,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
•	,	
Cartified Capies	Cortification	of Status
Certified Copies	_ Certificates	o o status
Special Instructions to	Filing Officer:	
,		

Office Use Only



800298269738

04/25/17--01011--023 \*\*130.00



O SIMMONS APR 27 2017

#### **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		

**REALMAD Holdings & Investments LLC** 

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jeffrey Dietz						
Name of Person						
REALMAD Holdings & Investments LLC						
Firm/Company						
2101 West Good Hope Road #207						
Address						
Glendale, WI 53209						
City/State and Zip Code						
investor1970@hotmail.com						
E-mail address: (to be used for future annual report notification)						
rmation concerning this matter, please call:						

For further infor

Keith Spears

Name of Contact Person

Daytime Telephone Number

## **MAILING ADDRESS:**

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

**STREET ADDRESS:** 

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	· -	Limited Liability Company, must include					
(If ne	me unavailable, enter alternate n	ame adopted for the purpose of transacting busin	ess in Florida. The al		lity Company," "L.L.C	C," or "LLC."	")
2	$\mathcal{O}$	nich foreign limited liability company is organized	3.	04-3800293	r, if applicable)		
	(Jurisalenon under the law or wi	arch toreign minied habitity company is organized	u,	/i tii mmae	i, ii applicatio)		
4.	N/A		A				
		(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. t	t prior to registration to determine penalty	) iability)		<del></del>	
5.	2101 West Good Ho		6.	2101 West Good Hope F			
	(Street Address of F Glendale, WI 53209	•		(Mailing Addre Glendale, WI 53209	as)	12	, ,,,,,,,,
•					;	<u> </u>	
•						દુરુ	-
7.	Name and street addres	ss of Florida registered agent: (P.G	O. Box NOT a	cceptable)		53	
	Name:	William Madden				1,22	
	Office Address:	8704 71st Ave E					
	Office Address.	Palmetto					
		(City)		, Florida 35221	<del></del>		
to e	comply with the provisi	tion, I hereby accept the appoints lons of all statutes relative to the s of my position as registered age	ment as registe proper and co		n this capacity.	. I furthe	r agree
to c and	comply with the provisi I accept the obligation:	ions of all statutes relative to the ps of my position as registered age  William Muldu	ment as registed proper and content.  d agent's signature)	red agent and agree to act i mplete performance of my d	n this capacity.	. I furthe	r agree
to e and	comply with the provisi I accept the obligation:	ions of all statutes relative to the position as registered age  William Muldu  (Registered	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act i mplete performance of my d	n this capacity.	. I furthe 1 familian	r agree
to e and	comply with the provision accept the obligation.  The name, title or capa	s of my position as registered age    Tellian Mulding (Registered)   Registered acity and address of the person(s)   Name and Address:   Jeffrey Dietz	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act in mplete performance of my discussion of my discussion and the manage is are:	n this capacity. luties, and I am	. I furthe 1 familian	r agree
to e and	comply with the provision accept the obligation:  The name, title or capa Title or Capacity:	s of my position as registered age  (Registered address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act in mplete performance of my discussion of my discussion and the manage is are:	n this capacity. luties, and I am	. I furthe 1 familian	r agree
to e and	comply with the provision accept the obligation:  The name, title or capa Title or Capacity:	s of my position as registered age    Tellian Mulding (Registered)   Registered acity and address of the person(s)   Name and Address:   Jeffrey Dietz	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act in mplete performance of my discussion of my discussion and the manage is are:	n this capacity. luties, and I am	. I furthe 1 familian	r agree
to c and	comply with the provision accept the obligation:  The name, title or capa Title or Capacity:	s of my position as registered age  (Registered address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act in mplete performance of my discussion of my discussion and the manage is are:	n this capacity. luties, and I am	. I furthe 1 familian	r agree
to c and	comply with the provision accept the obligation:  The name, title or capa Title or Capacity:	s of my position as registered age  (Registered address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act in mplete performance of my discussion of my discussion and the manage is are:	n this capacity. luties, and I am	. I furthe 1 familian	r agree
to c and 8.	The name, title or capa  Title or Capacity:  Manager	Registered address of the person(s) Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207  Glendaie, WI 53209	ment as registed proper and content.  d agent's signature)  who has/have a	red agent and agree to act in mplete performance of my discussion of my discussion and the manage is are:	n this capacity. luties, and I am	. I furthe 1 familian	r agree
8.	The name, title or capa Title or Capacity: Manager	sof my position as registered age  The Mulde  (Registered age  Registered age  Registered age  (Registered age  Registered age  Address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207  Glendaie, WI 53209	ment as register proper and cont.  d agent's signature) who has/have a	ared agent and agree to act in implete performance of my distance	n this capacity. luties, and I am	I further familiar	r agree
8. (U	The name, title or capa Title or Capacity: Manager  See attachments if neces	Acity and address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207  Glendale, VM 53209  sary)  of existence, no more than 90 day of which it is organized. (If the ce	ment as register proper and cont.  d agent's signature) who has/have a	ared agent and agree to act in implete performance of my distance	n this capacity.  Luties, and I am  Name and A	I further familiar	r agree
8. (U	The name, title or capa Title or Capacity: Manager  See attachments if neces Attached is a certificate sdiction under the law	Acity and address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207  Glendale, VM 53209  sary)  of existence, no more than 90 day of which it is organized. (If the ce	ment as register proper and cont.  d agent's signature) who has/have a	ared agent and agree to act in implete performance of my distance	n this capacity.  Luties, and I am  Name and A	I further familiar	r agree
8. (U 9. / juri of t	The name, title or capa Title or Capacity:  Manager  Attached is a certificate sdiction under the law he translator must be su	Acity and address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207  Glendale, WI 53200  sary)  of existence, no more than 90 day of which it is organized. (If the ceubmitted)	ment as register proper and cont.  d agent's signature) who has/have a Ti	nuthority to manage is/are: tle or Capacity: henticated by the official hay foreign language, a translation	Name and A	ddress:	n the
8. (U 9. / juri of t	The name, title or capa Title or Capacity:  Manager  Matached is a certificate sdiction under the law he translator must be so	Acity and address of the person(s)  Name and Address:  Jeffrey Dietz  2101 West Good Hope Road #207  Glendale, VM 53209  sary)  of existence, no more than 90 day of which it is organized. (If the ce	ment as register proper and cont.  d agent's signature) who has/have a Ti	nuthority to manage is/are: tle or Capacity:  henticated by the official have foreign language, a translation- rized person  Florida Statutes. I am aware	Name and A	ddress:	n the

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**REALMAD Holdings & Investments LLC** 

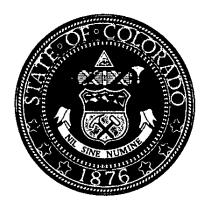
is a

## Limited Liability Company

formed or registered on 11/05/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131642839.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/17/2017 that have been posted, and by documents delivered to this office electronically through 04/19/2017 @ 05:24:14.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/19/2017 @ 05:24:14 in accordance with applicable law. This certificate is assigned Confirmation Number 10195245



Mayne N. Williams

Secretary of State of the State of Colorado

\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/bit/CertificateSearchCriteria.do entering the certificate confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click 'Businesses, trademarks, trade names' and select 'Frequently Asked Questions.''