M 17000008047

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



09/20/17--01005--038 ++125.00

1/2/17

FILED 17 SEP 20 AM ID: IS SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

TO: Registration Section Division of Corporations

SUBJECT: STRATMAN REAL ESTATE GROUP, 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:

CAROLYN D JONES

Name of Person

STRATMAN REAL ESTATE GROUP, LLC

Firm/Company

12138 CENTRAL AVE, STE 113

Address

MITCHELLVILLE, MD 20721

City/State and Zip Code

DSSTRATTON@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLYN D JON	IES	_{at (} 301) 43	7-5074
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS	1	STR	EET ADDRESS:
Division of Corporation	\$	Divis	ion of Corporations
Registration Section			stration Section
P.O. Box 6327			on Building
Tallahassee, FL 32314			Executive Center Circle
			hassee, FL 32301
Enclosed is a check for the follow	ving 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 COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. STRATMAN REAL ESTATE GROUP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. NEVADA	3. 82-2665913
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)
5. 12138 CENTRAL AVE, STE 113, MITCHELLVILLE	E, MD 20721
(Street Address of F	rincipal Office)
6. 12138 CENTRAL AVE, STE 113, MITCHELLVILLE	, MD 20721

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa , Florida 33607 (City) (Zip code)

(Mailing Address)

Registered agent's acceptance:

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CAROLYN D JONES, MANAGER, 12138 CENTRAL AVE, STE 113, MITCHELLVILLE, MD 20721

JOSEPH HAYMAN, MANAGER, 12138 CENTRAL AVE, STE 113, MITCHELLVILLE, MD 20721

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the irisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath f the translator must be submitted)

Signature of an authorized person

his document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information bmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CAROLYN D JONES

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STRATMAN REAL ESTATE GROUP**, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 23, 2017, and is in good standing in this state.



Electronic Certificate Certificate Number: C20170901-0560 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 1, 2017.

Barbara K. Cegerste

Barbara K. Cegavske Secretary of State

....