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W19000110993	

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ā35--087 ++125.00



December 26, 2019

JOHN GISSAS 3990 E. SR 44 SUITE:202 WILDWOOD, FL 34785

SUBJECT: RE STRATEGIC COMMERCIAL PROPERTIES LLC

Ref. Number: W19000110993

We have received your document for RE STRATEGIC COMMERCIAL PROPERTIES LLC and your check(s) totaling \$125.00. 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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 119A00026186

RECEIVED

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## COVER LETTER

A Park

TO:

TO:	Registration Section Division of Corporations						
. vm • • •	RE Strategic Commercial Properties LLC						
ORIF	CT: Name of L	imited Liability	Company	<u> </u>			
he enc	closed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere	any for Authoriz nced foreign lim	ation to Tranited liability	nsact Busine company to	ss in Flori transact b	da," Co ousines	ertificate ( s in Floric
lease 1	return all correspondence concerning this matter to the	following:					
	John Gissas						
	Na	ime of Person				<b>:</b>	
	Retirement Evolution Group						
	Fi	rm/Company			_		
	3990 E. SR 44, Suite 202						
	Wildwood, FL 34785	Address			TĂLLĂĦ	2020 JAN 15	
	City/S  John@retirementevolutiongroup.com	tate and Zip Cod	e		SSEE, FLORIDA	15 PM 2:	
or fur	E-mail address: (to be used ther information concerning this matter, please call:	d for future annu	al report not	ification)	ORIDA	2: :5	;— <u>;</u>
	John Gissas	352 at (	448-80	11			
	Name of Contact Person	Area Coo	le Day	time Teleph	ione Num	ber	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	of Corporation Section Section Section Section secutive Central Section FL 3230	ions er Circle		
Enclos	sed is a check for the following amount:  ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fi Certified Cop		□ \$160.0 of Status			

## 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:

ie imavailable, enter alternate m	ime adopted for the purpose of transacting business in Flo	rida. The altern	sate name must include "Limited Lia	bility Company,	"L.E.C. of "LLC
eleware		3. 8	4-3306786		
Jurisdiction under the law of wh	nch foreign limited liability company is organized)		(FEI num	ber, if applicable)	
	11/18/19				
. <u></u>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & o05.0905, F.S. to determ	registration.) ine penalty liab	oihty)		
3000 F. SR 44. Suite 2			990 E. SR 44, Suite 202 (Mailing Add		
3990 E. SR 44, Suite 2 (Street Address of F	Principal Office)			tress)	
Wildwood, FL 34785		W	'ildwood, FL 34785		- <del>re</del>
				14	2021
<u></u> _				AH	
		. NOT a	santable)	<u> </u>	A
Name and street address	ss of Florida registered agent: (P.O. Box	k <u>NOT</u> ace	геравие)	SS	
Nome	Retirement Evolution Group			ربرد سات	
Name:			<del></del>		PH.
Office Address:	3990 E. SR 44, Suite 202			E 0.5	₩.
Q.1.1.2 . 1.4.1. 3001	MEN - 1		, Florida <u>34785</u>	22. 22.	-
	Wildwood (City)		, Florida		C)
comply with the provis I accept the obligation	ions of all statutes relative to the prope is of my position as registered agent.	r and com	ed agent and agree to ac plete performance of my	duties, and	I am familie
d accept the obligation	ions of all statutes relative to the prope is of my position as registered agent. Registered agent	s signature	plete performance ij my		I am familie
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d accept the obligation  The name, title or cap	Registered agent.	s signature	uthority to manage is/are:		1 um jumuu
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The name, title or cap Title or Capacity: Member  Jse attachments if nece Attached is a certificat risdiction under the law the translator must be	Registered agent.  Registered ag	s signature  as have at  Titl	nenticated by the official foreign language, a transl	Name a	nd Address:
The name, title or cap Title or Capacity: Member  Jse attachments if nece Attached is a certificat risdiction under the law the translator must be	so of my position as registered agent.  Registered	s signature  as have at  Titl	nenticated by the official foreign language, a transl	Name a	nd Address:
The name, title or cap Title or Capacity: Member  Use attachments if nece Attached is a certificat risdiction under the law the translator must be	sacity and address of the person(s) who hame and Address:  John Gissas  1406 Olygle 2 1  The V. Hanes, FL 32163  ssary)  e of existence, no more than 90 days old of which it is organized. (If the certific submitted)  cetted in accordance with section 605.02 to the Department of State constitutes at	s signature  asshave at  Titl  d. duly auth ate is in a	nenticated by the official foreign language, a transle. Florida Statutes, I am aware felony as provided for its second control of the second control of th	Name a	nd Address:
The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate or institution under the laws of the translator must be	sacity and address of the person(s) who hame and Address:  John Gissas  1406 Olygle 2 1  The V. Hanes, FL 32163  ssary)  e of existence, no more than 90 days old of which it is organized. (If the certific submitted)  cetted in accordance with section 605.02 to the Department of State constitutes at	s signature  as have at  Titl	nenticated by the official foreign language, a transle. Florida Statutes, I am aware felony as provided for its second control of the second control of th	Name a	nd Address:

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RE STRATEGIC COMMERCIAL PROPERTIES,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RE STRATEGIC COMMERCIAL PROPERTIES, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

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

7623613 8300

SR# 20200144034

Authentication: 202145034

Date: 01-08-20