

# M20000003863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

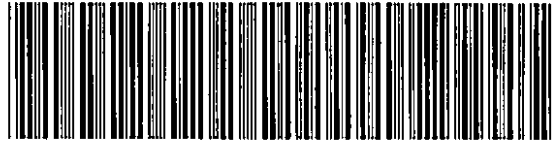
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Special Instructions to Filing Officer:

4/22: State Jurisdiction received  
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20 APR 15 PM 10:04  
STATE OF NEW YORK  
CLERK OF THE COURT  
JULIA E. MURPHY  
160 N. ZEEB RD.  
ALBANY, NY 12242-1000

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRONG ONES PROPERTY MANAGEMENT AND REAL ESTATE SERVICES, 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:

CARLOTTA HARRIS

Name of Person

STRONG ONES PROPERTY MANAGEMENT AND REAL ESTATE SERVICES, LLC

Firm/Company

1712 PIONEER AVE STE 115

Address

CHEYENNE, WY 82001

City/State and Zip Code

HARRISCARLOTTA@YAHOO.COM

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

For further information concerning this matter, please call:

CARLOTTA HARTRIS

Name of Contact Person

954

at ( )

Area Code

3092321

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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20 APR 15 PM 10:05

**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. STRONG ONES PROPERTY MANAGEMENT AND REAL ESTATE SERVICES, LLC

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

JAH BLESS PROPERTY MANAGEMENT AND REAL ESTATE SERVICES, 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. STRONG ONES PROPERTY MANAGEMENT AND EST/

(Jurisdiction under the law of which foreign limited liability company is organized)

84-5164640

3.

(FEI number, if applicable)

03/19/2020

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

1712 PIONEER AVE

5. (Street Address of Principal Office)

1712 PIONEER AVE

6.

(Mailing Address)

STE 500

STE 115

CHEYENNE, WY 82001

CHEYENNE, WY 82001

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

Name:

CARLOTTA HARRIS

Office Address:

5100 SW 64TH AVE APT 104

DAVIE

(City)

Florida

33314

(Zip code)

**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 comply with 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.*

(Registered agent's signature)

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20 APR 15 PM 10:05  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
DADE COUNTY, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

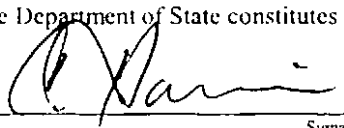
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: CARLOTTA HARRIS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5100 SW 64TH AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	STE 104	<input type="checkbox"/> Authorized	_____
Person	DAVIE FL 33314	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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20 APR 15 PM 10:05  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

  
\_\_\_\_\_  
Signature of an authorized person

CARLOTTA HARRIS  
\_\_\_\_\_  
Typed or printed name of signer

STATE OF WYOMING  
Office of the Secretary of State



COPY

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Strong Ones Property Management & Real Estate Services LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 17, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000906107**.

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 18th day of March, 2020 at 2:13 PM. This certificate is assigned ID Number 035399237.



*Edward A. Buchanan*  
Secretary of State

COPY

WY Secretary of State

FILED: 03/17/2020 10:04 AM

ID: 2020-000906107

ARTICLES OF ORGANIZATION  
OF

Strong Ones Property Management & Real Estate Services LLC

A LIMITED LIABILITY COMPANY

- I. The name of the limited liability company is Strong Ones Property Management & Real Estate Services LLC
- II. The period of its duration is perpetual from the date of filing Articles of Organization with the Wyoming Secretary of State.
- III. The purpose for which the limited liability company is organized is: any lawful purpose except for the purposes of banking and insurance.
- IV. The name and address of its registered agent is:

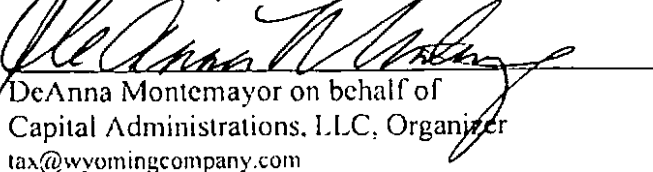
Capital Administrations, LLC  
1712 Pioneer Ave. Ste. 115  
Cheyenne, WY 82001

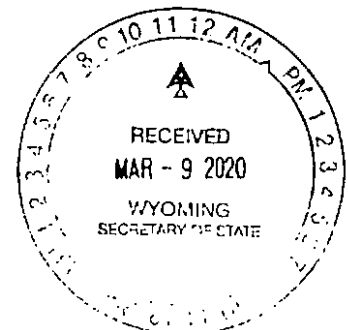
- V. The mailing and principal office address is:

1712 Pioneer Ave. Ste. 500  
Cheyenne, WY 82001

- VI. The remaining members of the limited liability company, if any, shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member of the limited liability company, unless otherwise stated in the Membership Operating Agreement.

Dated this 9th day of March, 2020

  
DeAnna Montemayor on behalf of  
Capital Administrations, LLC, Organizer  
tax@wyomingcompany.com

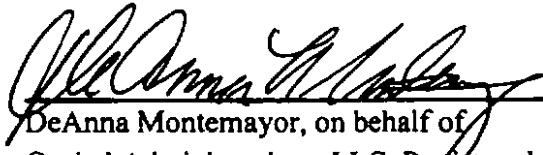


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**CONSENT TO  
APPOINTMENT BY REGISTERED AGENT**

- I. Capital Administrations, LLC, located at 1712 Pioneer Ave. Ste. 115 Cheyenne, WY, 82001, voluntarily consents to serve as the registered agent for Strong Ones Property Management & Real Estate Services LLC, on the date shown below;
- II. The undersigned by and on behalf of Capital Administrations, LLC, hereby certify that it is in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Dated this 9th day of March, 2020.

  
DeAnna Montemayor, on behalf of  
Capital Administrations, LLC, Registered Agent

**STATE OF WYOMING**  
**Office of the Secretary of State**

**COPY**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF ORGANIZATION**

**Strong Ones Property Management & Real Estate Services LLC**

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 17th day of March, 2020.



Filed Date: 03/17/2020

*Edward A. Buchanan*  
Secretary of State

By: Dave Barker



COPY

**RESOLUTIONS ADOPTED BY ORGANIZER**

**OF**

**Strong Ones Property Management & Real Estate Services LLC**

The undersigned, being the sole Organizer of the Limited Liability Company hereby adopts the following resolutions:

**RESOLVED**, that a copy of the Certificate of Organization of the Limited Liability Company, together with the original receipt showing payment of the statutory organization tax and filing fee, be inserted in the Minute Book of the Limited Liability Company.

**RESOLVED**, that the form of the Operating Agreement submitted to the meeting be, and the same hereby are, adopted as and for the Operating Agreement of the Limited Liability Company, and that a copy thereof be placed in the Minute Book of the Limited Liability Company.

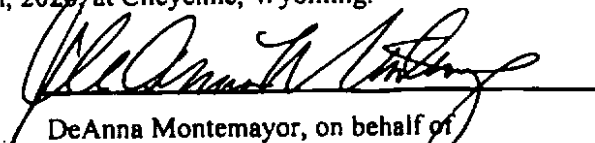
**RESOLVED**, that the following persons be, and hereby are, elected as Member(s) of the Limited Liability Company, to serve until the first annual meeting, and until their successors are elected and qualify.

**FURTHER RESOLVED**, that the following persons be, and is given full authority to manage, control and operate the said Limited Liability Company.

**RESOLVED FURTHER**, that the following person(s), is authorized to make decisions in the ordinary course of business, including, but not limited to, decisions regarding sales, purchases and employees. As well as the right to open a bank account, lines of credit, contractual agreements, and other financial agreements in the name of the Limited Liability Company for the deposit of funds belonging to the Limited Liability Company, such funds to be withdrawn only by lawful banking transactions signed by authorized parties.

**Carlotta Harris**

**IN WITNESS WHEREOF**, the undersigned has executed this written consent, dated this 9th day of March, 2020 at Cheyenne, Wyoming.



DeAnna Montemayor, on behalf of  
Capital Administrations, LLC, Organizer