

M230000007189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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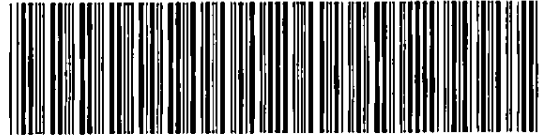
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Capital 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:

Jennifer T. Arrubla
Name of Person

Taylor Arrubla Hardwick P.A.
Firm/Company

420 S. Lawrence Blvd.
Address

Keystone Heights, FL 32656
City/State and Zip Code

Jennifer @ tan-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer T. Arrubla at (352) 473-8088
Name of Contact Person Area Code 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

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:

Strategic Capital Group, LLC

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

Strategic Capital Group of Florida, 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.")

Wyoming

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

3. _____
(FEI number, if applicable)

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.

1712 Pioneer Ave.

Suite 500, Cheyenne, WY 82001

Suite 500, Cheyenne, WY 82001

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

Taylor Arrubla Hardwick P.A.

Name: _____

420 S. Lawrence Blvd.

Office Address: _____

Keystone Heights

32656

_____, Florida

(City)

(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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TALLAHASSEE, FL

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: | James S. Hill II | | <input checked="" type="checkbox"/> Manager | Name: | Gina G. Uribe | |
| | | 410 SW 140th Terrace | | | | 410 SW 140th Terrace | |
| <input type="checkbox"/> Member | Address: | Newberry, Florida 32669 | | <input type="checkbox"/> Member | Address: | Newberry, Florida 32669 | |
| <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 | |
| <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 | |

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 authorized person
 James S. Hill II

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, 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

Strategic Capital Group, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **1st** day of **May, 2023** at **1:57 PM**.

Remainder intentionally left blank.



Filed Date: 05/01/2023

A handwritten signature in cursive script that reads "Chuck Gray". The signature is written over a horizontal line.

Secretary of State

Filed Online By:

Casey Thompson

on 05/01/2023