M24000009749

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500433026995

07/23/24--01009--015 **121.01





COVER LETTER

TO:

	ook Real Estate Brokerage, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed "/ Existence, and	Application by Foreign Limited Liability Check are submitted to register the above (Company for Authorization to Transact Business in Florida." Certificate or referenced foreign limited liability company to transact business in Floric				
dease return al	l correspondence concerning this matter to	o the following:				
	Rita Cook					
		Name of Person				
	Cook Real Estate Brokerage, LLC					
		Firm/Company				
	92 Moore Rd.					
		Address				
	Arnold, MD 21012					
		ity/State and Zip Code				
	ritabcook@gmail.com					
	E-mail address: (to be	used for future annual report notification)				
For further info	rmation concerning this matter, please cal	п:				
Rita Cook		410 570-1659				
	Name of Contact Person	at ()				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclos	sed is a check for the following amount:					

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:

(Name of Foreign	Limited Liability Company; must include "Limited I	Jability Company," "L.L.C.," or "LLC,")	
			100 L C 100 DE L C 100
ilf name unavailable, enter alternate n	name adopted for the purpose of transacting husiness in Flori	da. The alternate name must include "Elimited Liability Co	ompany," "L.L.C, or "LLC, J
Maryland		27-1703381 3	
2. (Jizisdiction under the law of w	hich foreign limited liability company is organized)	(Fil number, if applicable)	
n/a 4.			
·	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	pstration.) penalty liability)	
92 Moore Rd.		92 Moore Rd.	
5. (Street Address of Principal Office)		6. (Mailing Address)	
Arnold, MD 21012		Arnold, MD 21012	2
			Sicre ECRE
7 Name and street address	s of Florida registered agent: (P.O. Box.)	NOT acceptable)	3 PH
), Pame una gerece actuació	<u></u>		
Name:	Registered Agents, Inc.		: 18
Office Address:	7901 4th St. N. Suite 300		
	St. Petersberg	33702 Florida	
	(Cuy)	(Zip code)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in this	capacity. I further agre
	Registered Agents	nature)	

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Rita Cook □Manager Name: _____ Name: ■ Manager Address: 92 Moore Rd. ☐ Member □Member Address: _____ Arnold, MD 21012 □ Authorized □ Authorized Person Person □Other_____ □ Other_____ □Other_____ ⊕Other Name: _____ □Manager Name: _____ □Manager □Member Address: □Member Address: _____ □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other___ ☐Other_____ Name: _____ □Manager ⊟Manager Name: □Member Address: ______ □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ □Other ____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 8.817.155, F.S. Signature of an authorized person Rita Cook

Typed or printed name of signee

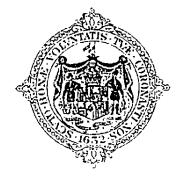
STATE OF MARYLAND Department of Assessments and Taxation

I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COOK REAL ESTATE BROKERAGE, LLC (W13387360), REGISTERED JANUARY 19, 2010, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 18, 2024.

Daniel K. Phillips
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore. Maryland 21202 Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: tad9AbW4qEiG5H8TmRfJYA To verify the Authentication Code, visit http://dat.maryland.gov/verify