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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
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S. WARREN AUG 2 3 2017

COVER LETTER

TO:	_	tion Section of Corporation					
CHDI	C	•	n Analysts, Inc.				
SUD	IECT: _		Name o	f corporati	on - mu	ist include suffix	
Dear S	Sir or Mada	nm:					
"Certi	ficate of E	xistence,"		of Good St	anding	" and check are sub	ct Business in Florida." omitted to register the
Please	return all	correspond	ence concerni	ng this mat	er to th	ne following:	
Andre	w Ledner						
				Name o	f Perso	on	
Cost R	eduction A	nalysts, Inc.					
				Firm/Co	mpany	,	
150 Ca	alle El Jardi	n. Unit 201					
				Ado	lress		
Saint A	Augustine, F	fl 32095					
	-			City/State	and Zi	ip code	
aledne	r@CRAsav	es.com					
			E-mail address:	(to be use	d for fu	ture annual report i	notification)
For fu	rther infori	nation con	cerning this ma	atter, pleaso	e call:		
Andrew Ledner		301 at (5	18-7456	7456		
	Name o	Person	 '	Area Co	ode	Daytime Telep	hone Number
	Registrat Division Clifton E 2661 Exc	ion Section of Corpora	ntions nter Circle	: :		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee. F	ection orporations 7
Enclos	sed is a che	ck for the	following amo	unt:			
= \$70	0.00 Filing	Fee 🗇	\$78.75 Filing Certificate of			3.75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

COST REDUCT	TION ANALYSTS. INC.			
	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATIO	N,''	
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)	
STATE OF MA	RYLAND 5	2-1917 2 40	-	
03/03/1995	y under the law of which it is incorporated) 5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	lorida, if prior to registration) 2. F.S., to determine penalty liabil	lity)	
150 Calle El Jard	in, Unit 201, Saint Augustine, FL 32095			
	in, Unit 201, Saint Augustine, FL 32095 (Principal	office address)		
same			28° 1	
	(Current mailing	address, if different)	AUG 21	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Andrew Ledner	<u></u>	==-	
Office Address:	150 Calle El Jardin, Unit 201		1: 38 14 1E 10800A	
	Saint Augustine	32095 , Florida		
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: _____ Address: B. OFFICERS Andrew Ledner President: 150 Calle El Jardin, Unit 201 Address: Saint Augustine, FL 32095 Sherri Ledner Vice President: 150 Calle El Jardin, Unit 201 Address: _ Saint Augustine, FL 32095 Secretary: Address: _____ Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Andrew Ledner, President

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS 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 THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COST REDUCTION ANALYSTS, INC. (D04089405), INCORPORATED MARCH 03, 1995, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

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 AUGUST 14, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice