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Florida Department of State  
Division of Corporations  
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From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Knightsbridge Strategies, LTD.**

Certificate of Status	0
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T. CLINE

OCT 18 2018

EXAMINER

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P.002/005



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2018

VCORP SERVICES, LLC

SUBJECT: KNIGHTSBRIDGE STRATEGIES, LTD.  
REF: W18000090162

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An alternate name is not needed. You will need to add Inc after Ltd on the name of the company.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

FAX Aud. #: H18000286267  
Letter Number: 918A00021201

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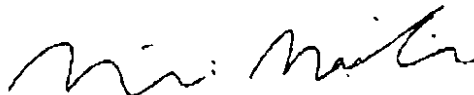
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. Knightsbridge Strategies, LTD. Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. New York 3. 26-2930457  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/26/2008 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 09/01/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 150 E. 57TH ST. SUITE 10A, NEW YORK, NY 10022  
(Principal office address)  
215 Grove Way, Delray Beach, 33444  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Vcorp Services, LLC  
Office Address: 5011 South State Road 7, Suite 106  
Davie, Florida 33314  
(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.

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## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Justin Kitrosser

Address: 215 Grove Way, Delray Beach, FL 33444  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**

President: Justin Kitrosser

Address: 215 Grove Way, Delray Beach, FL 33444  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Justin Kitrosser  
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.

13. Justin Kitrosser, Managing Partner

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

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KNIGHTSBRIDGE STRATEGIES, LTD. was filed on 06/26/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 12/23/2010.

A Certificate of Amendment was filed on 01/27/2016.

Certificate of Change was filed on 02/09/2017.

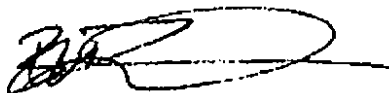
A Biennial Statement was filed 04/19/2018.

A Biennial Statement was filed 10/01/2018.

I further certify that no other documents have been filed by such corporation.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 01st day of October  
two thousand and eighteen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State

