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To:		
	Division of Corporations	

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081

: (307)200-2803 Phone : (855)330-1010 Fax Number

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

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Foreign Limited Liability Company Woolbright Management Strategies LLC

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- K. SALY NOV 13 2017

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA . .

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WOOLBRIGHT MAN. (Name of Fore	AGEMENT STRATEGIES LLC right Limited Liability Company; must include to	Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	lternate name adopted for the purpose of transa	eting business in Florida. The alternate nam	e must include "Limited
	••	/A	
2 DELAWARE (Jurisdiction under the law company is organized)	of which foreign limited hability	(FEI number, if applicable)	
4. N/A			
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) . to determine penalty liability)	
5 8 The Green, Ste A,	Dover, DE 19901		~
·· <u></u>			EILAHASS
	(Street Address of Principal C	Misser	55 3 T
1221 C Fastoral University			H. Y.
6. <u>1331 S Federal Hwy</u>	Unit 413N, Boynton Beach, FL 33435		
			四年五
	(Mailing Address)		FLIST D
7. Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	PEFFLORIE
Name:	Northwest Registered Agent, LLC.		<u>. </u>
Office Address:	3030 N. Rocky Point Dr. STE	150A	
	Tampa	, Florida 33607	_
	(City)	(Zip code)	
designated in this applicato comply with the provisi	egistered agent and to accept service of pration, I hereby accept the appointment as ions of all statutes relative to the proper as my position as registered agent (Registered agent)	registered agent and agree to act in th nd complete performance of my duties Glove	is capacity. I further agree –
8. The name title or can	acity and address of the person(s) who has	have authority to manage is/are:	
	mber, 1331 S Federal Hwy Unit		3435
<u></u>			
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, de of which it is organized. (If the certificate submitted) Signature of an auti	is in a foreign language, a translation of	custody of records in the f the certificate under oath
	Signature of an aut	horized person	
This document is execute submitted in a document t	d in accordance with section 605,0203 (1) to the Department of State constitutes a thir	(b), Florida Statutes. I am aware that an d degree felony as provided for in s.81	y false information 7.155, F.S.
	Morgan Noble		

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WOOLBRIGHT MANAGEMENT STRATEGIES LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOOLBRIGHT MANAGEMENT STRATEGIES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

;;

2017 NOV -9 AM II: 36
SECRETARY OF STATE
AND AMASSEE, FLORIDA

Authentication: 203484017

Date: 10-30-17