

118000008486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

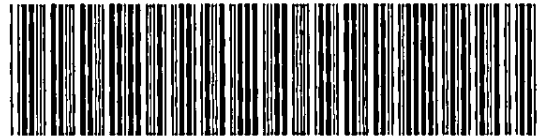
(Document Number)

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2 SIMMONS  
SEP 17 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CXR STRATEGIES 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:

J. DANIEL BREDE

\_\_\_\_\_  
Name of Person

J. DANIEL BREDE, P.A.

\_\_\_\_\_  
Firm/Company

1900 NW CORPORATE BLVD., SUITE 201 EAST

\_\_\_\_\_  
Address

BOCA RATON, FL 33431

\_\_\_\_\_  
City/State and Zip Code

philfelstead@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. DANIEL BREDE

561

241-8996

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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:*

1. CXR STRATEGIES LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 036-48-5061  
(FEI number, if applicable)
4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 200 SOUTH BRIDGE ST.  
(Street Address of Principal Office)  
ELKTON, MD 21921
6. SAME AS IN ITEM 5.  
(Mailing Address)

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

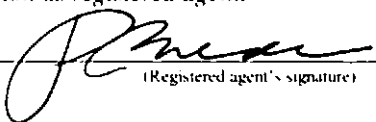
Name: J. DANIEL BREDE

Office Address: 1900 NW CORPORATE BLVD., #201E

BOCA RATON, Florida 33431  
(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)

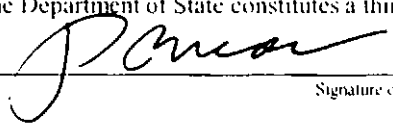
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>PHILIP FELSTEAD</u>		
	<u>1675 N. MILITARY</u>		
	<u>BOCA RATON, FL</u>		

(Use attachments if necessary)

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 an authorized person

J. DANIEL BREDE

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "CXR STRATEGIES LLC",  
FILED IN THIS OFFICE ON THE FIFTH DAY OF SEPTEMBER, A.D. 2018,  
AT 3:48 O'CLOCK P.M.



7045755, 8100  
SR# 20186511261

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203377004  
Date: 09-07-18

# Delaware

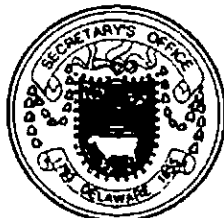
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CXR 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 SEVENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CXR STRATEGIES LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2018.

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



7045755 8300

SR# 20186541067

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203377703

Date: 09-07-18

**CERTIFICATE OF FORMATION**  
**OF**

**CXR STRATEGIES LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:48 PM 09/05/2018  
FILED 03:48 PM 09/05/2018  
SR 20186511261 - File Number 7045755

This Certificate of Formation of CXR Strategies LLC (the "LLC") is being duly executed and filed by the undersigned authorized person to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. § 18-101, et seq.).

**FIRST:** The name of the limited liability company formed hereby is CXR Strategies LLC.

**SECOND:** The registered office of the LLC in the State of Delaware is located at 251 Little Falls Drive, in the City of Wilmington, Delaware 19808. The name of the registered agent at such address upon whom service of process against the LLC may be served is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of September 5, 2018.

/s:/ Judah I. Elstein  
JUDAH I. ELSTEIN  
Authorized Person