

M20000003845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

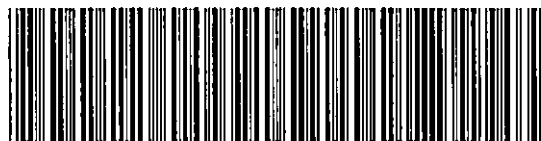
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000342760550

04/09/20--01024--007 \*\*189.00

2020 APR 21 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 21 2020

M. SOLOMON

Wife - 37231

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chronwell Extensa, 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:

Samuel Rubinsztain  
\_\_\_\_\_  
Name of Person

Chronwell Extensa  
\_\_\_\_\_  
Firm/Company

1000 Sawgrass Corporate Pkwy Suite 300  
\_\_\_\_\_  
Address

Sunrise, FL 33323  
\_\_\_\_\_  
City/State and Zip Code

sam.rubinsztain@chronwell.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Rubinsztain                      954                      3471049  
\_\_\_\_\_  
Name of Contact Person                      at (                      )                      Area Code                      Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Chronwell Extensap, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4201081  
(FEI number, if applicable)

4. 4/1/2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 Sawgrass Corporate Pkwy Suite 300  
(Street Address of Principal Office)

6. 1000 Sawgrass Corporate Pkwy Suite 300  
(Mailing Address)

Sunrise, FL 33323  
Sunrise, FL 33323

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

Name: Samuel Rubinsztain

Office Address: 1000 Sawgrass Corporate Pkwy Suite 300

Sunrise, Florida 33323  
(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)

RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 21 PM 3:22

FILED

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]:

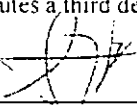
| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>              | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|---------------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Samuel Rubinsztain              | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: 1000 Sawgrass Corporate Pkwy | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Suite 300                             | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | Sunrise, FL 33323                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Manager | Name: Joseph Rubinsztain              | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: 1000 Sawgrass Corporate Pkwy | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Suite 300                             | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | Sunrise, FL 33323                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                           | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                        | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                 | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                 | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

FILED  
2020 APR 21 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 s.817.155, F.S.



Signature of an authorized person

Samuel Rubinsztain

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHRONWELL EXTENSA, 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 TWENTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHRONWELL EXTENSA, LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2020.

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



7750819 8300

SR# 20202967944

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202793422

Date: 04-20-20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2020

SAMUEL RUBINSZTAIN  
1000 SAWGRASS CORPORATE PKWY STE 300  
SUNRISE, FL 33323

SUBJECT: CHRONWELL EXTENSA LLC  
Ref. Number: W20000037231

We have received your document for CHRONWELL EXTENSA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 820A00007900

Rec'd  
4-21-20