

H26000121028 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDRX, 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:

Gary J. Cohan, Esq.

Name of Person

Cohen, Norris, Wolmer, Ray, Telepman, Berkowitz & Cohen

Firm/Company

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

lfuoco@fuoco.com

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

For further information concerning this matter, please call:

Gary J. Cohan

561

344-3600

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. CDRX, 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. 84-5065054

(FE number, if applicable)

4. April 1, 2020

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S., re determination penalty liability.)

5. 1000 Clint Moore Road

(Street Address of Principal Office)

Suite 201

Boca Raton, FL 33487

6. 1000 Clint Moore Road

(Mailing Address)

Suite 201

Boca Raton, FL 33487

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

Name: Lou Fuoco

Office Address: 1000 Clint Moore Road, Suite 201

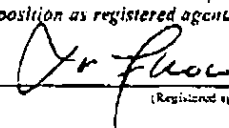
Boca Raton, 33487

(City)

Florida

(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)

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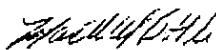
2. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Martha Little</u>	<input type="checkbox"/> Manager	Name: <u>Lou Fuoco</u>
<input type="checkbox"/> Member	Address: <u>1000 Clint Moore Road</u>	<input type="checkbox"/> Member	Address: <u>1000 Clint Moore Road</u>
<input type="checkbox"/> Authorized	Suite 201	<input type="checkbox"/> Authorized	Suite 201
Person:	<u>Boca Raton, FL 33487</u>	Person:	<u>Boca Raton, FL 33487</u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brian Gaynor</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1000 Clint Moore Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 201	<input type="checkbox"/> Authorized	_____
Person:	<u>Boca Raton, FL 33487</u>	Person:	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<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 _____

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

Martha Little

Type I or printed name of signer

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CDRX, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2020.

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



7873145 8300

SR# 20202835514

You may verify this certificate online at 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.

Authentication: 202769683

Date: 04-15-20



April 29, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

SUBJECT: CDRX, LLC
REF: W20000042301

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

You failed to make the correction(s) requested in our previous letter.

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

FAX Aud. #: H20000121028
Letter Number: 720A00008823