

M21000004059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 APR - 8 04:12:32

2021 APR - 8 AM 10:47

APPROVED
AND
FILED

APR - 8 2021
K. Brundley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/8/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 906018

ORDER ENTITY
CBSW LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
CBSW LLC (FL)

File the attached foreign qualification document

NOTES:
\$125.00 Authorized
Email address for annual report reminders: erica@southpaw.co

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. CBSW 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 3. 86-2495035
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 245 AMITY ROAD 6. 245 AMITY ROAD
(Street Address of Principal Office) (Mailing Address)
SUITE 200 SUITE 200
WOODBIDGE, CT 06525 WOODBIDGE, CT 06525

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

Name: INCORPORATING SERVICES, LTD.
Office Address: 1540 GLENWAY DRIVE
TALLAHASSEE, Florida 32301
(City) (Zip code)

2021 APR - 8 AM 10:17
FILED
AMITY ROAD
TALLAHASSEE, FLORIDA

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.

Melissa A. Moreau
(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**
 Manager Name: ERICA SPECTOR WISHNOW
 Member Address: 245 AMITY ROAD
 Authorized SUITE 200
 WOODBRI
 DDGE, CT 06525
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: JUDD WISHNOW
 Member Address: 245 AMITY ROAD
 Authorized SUITE 200
 WOODBRI
 DDGE, CT 06525
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Other _____ 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

Erica Spector Wishnow

Typed or printed name of signee

Delaware

The First State

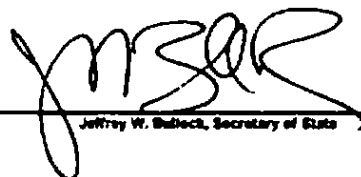
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CBSW LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBSW LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5287120 8300

SR# 20211221437

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202922273

Date: 04-08-21