

2/18/22, 12:01 PM

MA 200002915

Florida Department of State
Division of Corporations
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To: Division of Corporations
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2022 FEB 24 PM 4:52
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Ann Lewis Strategies, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. FRANKLIN
FEB 24 2022

2022 FEB 23 AM 10:20

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. Ann Lewis Strategies, L.L.C.
(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. District of Columbia (Jurisdiction under the law of which foreign limited liability company is organized)
3. 87-0784424 (EIN 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. 650 Massachusetts Ave NW (Street Address of Principal Office)
Suite 505
Washington, DC 20001
6. 650 Massachusetts Ave NW (Mailing Address)
Suite 505
Washington, DC 20001

2022 FEB 24 PM 4:52

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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.

By: Denise Bell, Assistant Secretary
(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: Manager **Name and Address:** Name: Anne Lewis
 Address: 3234 Quesada Street NW
Washington, DC 20015
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Sarah Newhall
 Address: 1813 Monroe Street NW
Washington, DC 20010
 Person _____
 Other _____ Other _____

Manager Name: Robert Albrecht
 Member Address: 3055 Fairfax Street
 Authorized Denver, CO 80207
 Person _____
 Other _____ Other _____

Manager Name: Todd Plants
 Member Address: 223 Freeman Street
 Authorized Brookline, MA 02446
 Person _____
 Other _____ Other _____

Manager Name: Nathaniel Binns
 Member Address: 2121 Woolsey Street
 Authorized Berkeley, California 94705
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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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.

Anne H Lewis

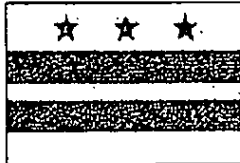
Signature of an authorized person

Anne Lewis

Typed or printed name of signer

Initial File #: L29664
Entity Type: LLC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

ANNE LEWIS STRATEGIES LLC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 08/18/2006 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 1/12/2022 2:21 PM

Business and Professional Licensing Administration



Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

FILED
2022 FEB 21 PM 4:52
FALLS CHURCH, VA

Muriel Bowser
Mayor

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