

M240000005987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

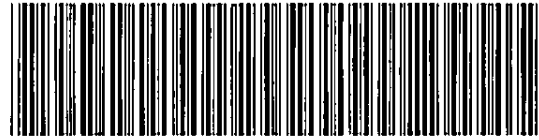
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TALLAHASSEE, FLORIDA

MAY 09 2024  
K. Brumbley

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/09/2024  
Acc#I20160000072

*en: c DW*

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|-------------|-------------------|
| Name:       | CWJ Advisors, LLC |
| Document #: |                   |
| Order #:    | 15550230 - 1      |

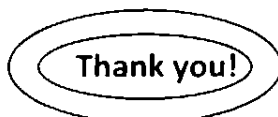
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Amount: \$ **155.00**



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CWJ Advisors, 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. Maryland 3. 92-2270372  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 7500 Old Georgetown Road, Suite 200 6. 7900 Westpark Drive, Suite T300  
(Street Address of Principal Office) (Mailing Address)

Bethesda, Maryland 20814- 6133 McLean, Virginia 22102

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 33324  
(City) , Florida (Zip code)

2024 JUN -9 PM 3:45

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: C T Corporation System  
Sherry McGinnes  
(Registered agent's signature)

Sherry McGinnes, Assistant Secretary

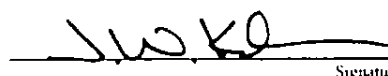
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>William R. Calhoun, Jr.</u>            | <input checked="" type="checkbox"/> Manager | Name: <u>Kelly Hernandez</u>                    |
| <input type="checkbox"/> Member                            | Address: <u>7900 Westpark Drive, Suite T300</u> | <input type="checkbox"/> Member             | Address: <u>7900 Westpark Drive, Suite T300</u> |
| <input type="checkbox"/> Authorized                        | <u>McLean, Virginia 22102</u>                   | <input type="checkbox"/> Authorized         | <u>McLean, Virginia 22102</u>                   |
| Person   | _____   | Person                                      | _____   |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____            |
| <br>   |   | <br>  |   |
| <input checked="" type="checkbox"/> Manager                | Name: <u>John W. Korka</u>                      | <input checked="" type="checkbox"/> Manager | Name: <u>Robert D. Moser, Jr.</u>               |
| <input type="checkbox"/> Member                            | Address: <u>7900 Westpark Drive, Suite T300</u> | <input type="checkbox"/> Member             | Address: <u>7900 Westpark Drive, Suite T300</u> |
| <input type="checkbox"/> Authorized                        | <u>McLean, Virginia 22102</u>                   | <input type="checkbox"/> Authorized         | <u>McLean, Virginia 22102</u>                   |
| Person   | _____   | Person                                      | _____   |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____            |
| <br>   |   | <br>  |   |
| <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

John W. Korka

\_\_\_\_\_  
Typed or printed name of signer

# ***STATE OF MARYLAND***

## ***Department of Assessments and Taxation***

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I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CWJ ADVISORS, LLC (W23650138), REGISTERED FEBRUARY 09, 2023, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 09, 2024.



Daniel K. Phillips  
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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