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(R	equestor's Name)	
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07/03/2024

Da	ate: 07/03/2024	0072 W: CDW
	Acc#I20160000	0072
Name:	E Strategy Holdings, LLC	
Document #:		
Order #:	15732794	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destinat Number of Certs:	tion:
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COVER LETTER

SUBJECT:	Strategy Holdings, LLC	
SOBJECT: _		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return al	Il correspondence concerning this matter to	o the following:
	Lori Grant-Koehler	
		Name of Person
	Greenberg Traurig, LLP	
		Firm/Company
	2375 East Camelback Road, Suite 800	
		Address
	Phoenix, Arizona 85016	
	С	ity/State and Zip Code
	grantkoehlerl@gtlaw.c	
	·	used for future annual report notification)
For further info	ermation concerning this matter, please cal	I:
Lori (Grant-Koehler/Greenberg Traurig, LLP	602 445-8342 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ng Address:	Street Address:
_	stration Section	Registration Section
	ion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee \$130.00 Filing Fee	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	LC Emited Liability Company, must include "Limited"	Liability Company," "L.L.C.," or "LLC.")	 -	•	
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Ffo	rida. The alternate name must include "Limited Liability Com	pany," "l.,l, C," or "l	T.C.,)	
Delaware 2.					
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if			able)	•	
ł					
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	egistration.) se penalty liability)			
39 Dunbar Road		39 Dunbar Road			
) Street Address of Principal Office)		(Mailing Address)			
Palm Beach Gardens, F	Florida 33418	Palm Beach Gardens, Florida 33418			
				-	
	<u> </u>		··	-	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	207		
			JAC 4 JAC	-	
Name:	C T Corporation System		ا ــــــــــــــــــــــــــــــــــــ		
			ယ်		
06 444	1200 South Pine Island Road				
Office Address:			င္မ်ာ		
O 11110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7.		
· · · · · · · · · · · · · · · · · · ·	Plantation	33324 Florida	<u></u>	. •	
	Plantation (City)	Florida (Zip code)		. #	
Registered agent's accept Having been named as reg lesignated in this applicat to comply with the provisi	tance: gistered agent and to accept service of p. tion, I hereby accept the appointment as	, Florida	company at th	her agi	

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: Title or Capacity: Name and Address: Victor DaSilva. Jr. Name: _ Erik A. Bryson ■ Manager ■Manager Address: 39 Dunbar Road Address: 39 Dunbar Road ■Member **☑**Member Palm Beach Gardens, Florida 33418 Palm Beach Gardens, Florida 33418 ☐ Authorized ☐ Authorized Person Person □Other _____ □Other □Other ____ Other____ Name: ☐ Manager □Manager Name: _____ □Member Address: □Member Address: _____ ☐ Authorized □ Authorized Person Person □Other____ □Other____ □Other____ □Other____ □Manager Name: Name: □Manager Address: □Member Address: □Member □ Authorized ☐ Authorized Person Person □Other _____ □Other_____ Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Erik A. Bryson

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "E STRATEGY HOLDINGS, 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 THIRD DAY OF JULY, A.D. 2024.

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

Authentication: 203854747

Date: 07-03-24

4110604 8300 SR# 20243057384