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(Rec	questor's Name)	
`	,	
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PICK-UP	WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. CHATHAM

AUG 19 2022



Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 892283 8008013 AUTHORIZATION COST LIMIT : ORDER DATE: August 18, 2022 ORDER TIME : 1:21 PM ORDER NO. : 892283-005 CUSTOMER NO: 8008013 DOMESTIC FILING NAME: ACCESS BY CGI IP, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY ____ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

COVER LETTER

TO:	New Filing Se Division of Co				
CHIP IT	Access by	CGI IP, LLC			
SUBJEC	UI:	Name of	Limited Lia	bility Company	
The encl	losed Articles of	f Organization and fee(s)	are submit	ted for filing.	.c.
Please re	cturn all corresp	ondence concerning this	matter to th	e following:	5) <u>7</u>
	Ileana Raba	SSA			ب
			Name	of Person	
	CGI Merch	ant Group, LLC			
			Firm/	Company	· · · · · · · · · · · · · · · · · · ·
	3480 Main	Highway, 2nd Floor			
	1,500		Ac	Idress	
	Coconut Gr	ove, FL 33133			
			City/State	and Zip Code	<u>-</u>
	irabassa@cg		16.6.	1	·>
		E-mail address: (to be us		e annual report notificat	ion)
For furthe	r information co	oncerning this matter, ple	ase call:		
	Suzanne Wi		786 (581-4800)	
	Nan	ne of Person	Area Code		e Number
					
		the following amount:	_		
≣\$ 125.	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Cert	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		Filing Section on of Corporations		New Filing Section D The Centre of Tallah	
	P.O. E	3ox 6327		2415 N. Monroe Stre	et, Suite 810
	Tallah	assce, FL 32314		Tallahassee, FL 3230	13

Tallahassee, FL 32314

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	ty Company is:			
Access by CGI IP. L	LC			
		Liability Comp	any, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Lin	ited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
3480 Main Highway			3480 Main Highway	
2nd Floor			2nd Floor	
Coconut Grove, FL	33133		Coconut Grove, FL 33133	<u>-</u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	n Registered Agon.) d agent are:	ent. You must designate an individual or	
		Name		(3) S
	1201 Hays Street			rs = 1
Florida street address (P.O. Box NOT acceptable)				,
	Taliahassee	FL	32301	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the approvisions of all statutes religations of my position Corporation Serv	nointment as reg elating to the pr as registered ag ico Company	r the above stated limited liability company istered agent and agree to act in this capacity oper and complete performance of my duties ent as provided for in Chapter 605, F.S	ty. I

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authoriz	zed Member	
"MGR" = Manager		·
MCP	CCLIB Holdings LLC	- ;
MGR	CGI IP Holdings, LLC 3480 Main Highway, 2nd Floor	
	Coconut Grove, FL 33133	
	Cocondit Office, 112 33133	
Authorized Person	Raoul Thomas	· .
	3480 Main Highway, 2nd Floor	~ 'ı
	Coconut Grove, FL 33133	,
	t :)
	47)	٠
Authorized Person	Todd Billings	
	3480 Main Highway, 2nd Floor	
	Coconut Grove, FL 33133	
he date of filing.) Note: If the date inserted in t	the date must be specific and cannot be more than five business days prior to or 90 dath is block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	
REOUIRED SIGNA		
l am	Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. aware that any false information submitted in a document to the Department of State titutes a third degree felony as provided for in s.817.155, F.S.	
	•	
	Typed or printed name of signee	
	Typed or printed name of signee	
	- VF 1	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)