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#### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

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NAME:

CABELL EANES, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### COVER LETTER

SUBJECT:			
The enclosed "Applica Existence, and check as	tion by Foreign Limited Liab re submitted to register the a	ility Company for Authorization to Transact Business in Florida." Conserve referenced foreign limited liability company to transact business	rtificate of in Florida.,
Please return all corres	pondence concerning this ma	atter to the following:	
***********	Tara M	orales	
		Name of Person	201
	Capit	ol Services - Corporate Filings Team	2014 MPR
		Pimi∕Company	,
		800 Brazos Ste 400	
		Address	
		Austin TX 78701	25 <b>6</b>
		City/State and Zip Code	क्ष
	Fulton.Chung@inte	erpublic.com (to be used for future annual report notification)	
For further information	t concerning this matter, ples	,	
Tai	a Morales Name of Contact Person	nt ( 800 ) 345-4647 Area Cade Dayline Telephone Number	
		•	
MAILING A Division of C		STREET ADDRESS: Division of Corporations	
Registration !	Section	Registration Section	
P.O. Box 632		Clifton Building 2661 Executive Conter Circle	
Tallahossee, l	15 5 25 14	Tulbihassee, FL 32301	
Enclosed is a chec	k for the following amo	unt;	
\$125.00 F			

## 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. Cabell Eanes, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "L	.C.'')
(If name unavailable, enter alternate name adopted for the purpose of transacting husiness in Florida. The alternate name a Liability Company," "L.L.C." or "L.L.C.")	nust include "Limited
2. Virginia (Jurisdiction under the law of which foreign limited liability company is organized)  3. 54-0479821 (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)	2014 #PR
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  5. 1 Shockoe Plaza, Richmond VA 23219	
	- <u> </u>
(Street Address of Principal Office)	
6. c/o IPG, 1114 Ave of the Americas, 19th, New York, NY 10036	
	कुर्मा क्षा
(Mniling Address)	<del></del>
Andrew Bonzani, Manager, 1114 Ave of the Americas, 19th, New York, NY 10	036
8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A pho acceptable, If the certificate is in a foreign language, a translation of the certificate under or must be submitted)	tocopy is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the peralties of perjury tha am aware that any false information authoritied in a document to the Department of State constitutes a third degree falony as provided for	the facta stated herein are true, 'or in a.R.17, 155, F.S.)
Andrew Bonzani	
Typed or printed name of signee	

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605,0113 or 605,0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Compa	nny is:			
	Ca	bell Eanes, LLC			
If unavailable, th	e alternate to be used in the	state of Florida is:			
				201	
2. The name and	I the Florida street address o	of the registered age	ent and office are:	2014 APR 16	
	Ce	pitol Corporate ( (Name)	Services, Inc.	SECULOR STA	
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	FL City/Suite/Zip	32301		
liability company registered agent statutes relating	ned as registered agent and to at the place designated in to and agree to act in this capa to the proper and complete pations of my position as registed.	his certificate, I her loity. I further agre verformance of my o tered agent as prov Krista A behalf o	eby accept the appointme e to comply with the prov luties, and I am familiar v	nt as isions of all with and Florida	

\$ 100,00 Filing Fee for Application

Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 25.00

\$ 30.00

\$ 5,00

# Common brealth of Hirginia



# State Corporation Commission

#### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Cabell Eanes, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 30, 2008; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: April 15, 2014

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1404155898