## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

21370-1

S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000134270 3)))



H150001342703ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser fro. page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BERGER SINGERMAN LLP,

Account Number : 120020000154 Phone

Fax Number

: (954)525-9900 : (954)523-2872

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

DMGTT AUGULEDS.	Email	Address	:
-----------------	-------	---------	---

### Foreign Limited Liability Company CGA Factor, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help 1 5 2015

6/8/2015 11:23:13 AM PAGE 1/001 Fax Server

FLORIDA DEPARTMENT OF STATE

Division of Corporations

June 8, 2015

BERGER SINGERAMAM LLP

SUBJECT: CGA FACTOR, LLC

REF: W15000039591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please cali (850) 245-6052.

Tim Burch Regulatory Specialist II FAX Aud. #: H15000134270 Letter Number: 415A00011920

6/11/2015 9:47:13 AM PAGE 1/001 Fax Server



Division of Corporations

June 11, 2015

BERGER SINGERAMAM LLP

SUBJECT: CGA FACTOR, LLC

REF: W15000039591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II FAX Aud. #: H15000134270 Letter Number: 615A00012238

RECEIVED

15 JUN 12 AM 8: 58

SECRETARY OF STATE

degree felony as provided for in a.817.155, F.S.)

Gregory P. Fishman

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOREN. J. CGA Factor, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," \*LL,C," or "LLC.") Delaware 47-4188510 (PBI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1515 South Paderal Highway, Suite 113 Boca Raton, FL 33432 (Street Address of Principal Office) 1515 South Federal Highway, Suite 113 Boca Raton, FL 33432 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Gregory P. Fishman Name: 1515 South Federal Highway, Suite 113 Office Address: Florida 33432 Boon Raton (City) (Zip code) Registered agant's acceptance: Hawing been numed as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment at registered agent and agree to act to 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 aga excellatored agent's signature) 8. The name, title or capacity and address of the person(s) who has have authority to manage is are: Gregory P. Fishmen 1515 South Federal Highway, Suite 113 Boos Raton, FL 33432 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 eath of the translator must be submitted) of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the panalties of perjury that the facts stated herein are time. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signes

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CGA FACTOR, 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 FIFTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGA FACTOR, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



5751303 8300

150882966

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2439338

DATE: 06-05-15