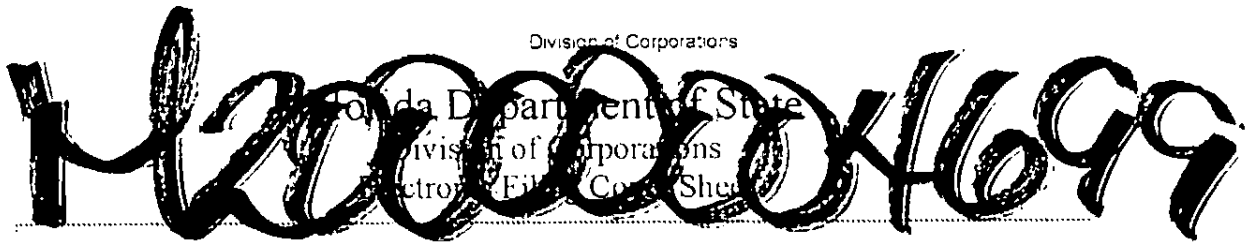


5/22/2020



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.

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From:
 Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850)521-0821
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Foreign Limited Liability Company
 3480 MAIN HIGHWAY GP LLC

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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. 3480 Main Highway GP 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)

3. (EIN number, if applicable)

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

5. c/o CGI MERCHANT GROUP (Street Address of Principal Office) 801 Brickell Avenue, Suite 700 Miami, Florida 33131

6. c/o CGI MERCHANT GROUP (Mailing Address) 801 Brickell Avenue, Suite 700 Miami, Florida 33131

2020 MAY 22 AM 8:05

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee Florida 32301 (City) (Zip code)

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.

(Registered agent's signature) KADESHA ROBERSON, ASST. VICE PRESIDENT

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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 type="checkbox"/> Manager	Name: <u>CGI MERCHANT GP, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Raoul Thomas</u>
<input checked="" type="checkbox"/> Member	Address: <u>CGI MERCHANT GROUP</u>	<input type="checkbox"/> Member	Address: <u>CGI MERCHANT GROUP</u>
<input type="checkbox"/> Authorized	<u>801 Brickell Avenue, Suite 700</u>	<input checked="" type="checkbox"/> Authorized	<u>801 Brickell Avenue, Suite 700</u>
Person	<u>Miami, Florida 33131</u>	Person	<u>Miami, Florida 33131</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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 _____
<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 _____

2020 11 22 11:08:35

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.

Raoul Thomas

Typed or printed name of signer

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3480 MAIN HIGHWAY GP 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 TWENTY-SECOND DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3480 MAIN HIGHWAY GP LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2020.

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

2020 MAY 22 AM 8:35



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20204418190

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202976635

Date: 05-22-20

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