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PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nan	ne)				
(Document Number)						
tified Copies	_ Certificates	of Status				
pecial Instructions to Filing Officer						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 502031 / 8008013

AUTHORIZATION : OFFICE

COST LIMIT : \$ 1008.75

ORDER DATE: November 6, 2020

ORDER TIME : 1:20 PM

ORDER NO. : 502031-005

CUSTOMER NO: 8008013

FOREIGN FILINGS

NAME: 1100 BISCAYNE MANAGEMENT

HOLDCO (FL), LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	FCT: 1100 BISCAYNE MANAGEMENT	HOLDCO,	, LP		
3003	Name of Foreign Limited Par	tnership or	Limited I	iability Limited Partnership	
partne	closed application, certificate of status and faithing to transact business in Florida. return all correspondence concerning this management.		omitted to	register a foreign limited partnership or I	limited liability limited
lleana	Rabassa				
	Contact Person			-	
c/o CC	GI Merchant Group, LLC				
	Firm/Company			-	
801 B	rickell Ave, Suite 1970				
	Address	-		•	
Miam	, FL 33131				
City, State and Zip Code				-	
irabass	a@cgimg.com				
E-ma	il address: (to be used for future annual repo	ort notificat	ion)	•	
For fur	ther information concerning this matter, plea	ase call;			
Suzani	ne Wilder	786		581-4800	
	Name of Contact Person	_ \	a Code an	d Daytime Telephone Number	
	od is a check for the following amount: 00.00 Filing Fee \$1,008.75 Filing Fees	: □\$1,05	2.50 Filin	g Fees □\$1,061.25 Filing Fee,	

and Certified Copy

Mailing Address:

(\$965 Filing Fee and

\$35 Registered Agent

Fce)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

and Certificate of

Status

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy, and

Certificate of Status

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA 1100 BISCAYNE MANAGEMENT HOLDCO, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 1100 BISCAYNE MANAGEMENT HOLDCO (FL), LP If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 90-1066526 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. 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 familiar with and accept the obligations of my position as registered agent, Signature of Registered Agent Amanda Robinson Asst. Vice President 7. Principal Office: 8. Mailing Address: 801 Brickell Avenue, Suite 1970 801 Brickell Avenue, Suite 1970 Miami, FL 33131 Miami, FL 33131 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner; CGI HOSPITALITY GP I, LLC __ Name of General Partner:__ 801 Brickell Avenue, Suite 1970 Street Address: ____ Street Address: Miami, FL 33131 801 Brickell Avenue, Suite 1970 Mailing Address: ____ Mailing Address:__ Miami, FL 33131 Name of General Partner: Name of General Partner: ______ Street Address: ______

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner:	Name of General Partner:				
Street Address:	Street Address:				
Mailing Address:	Mailing Address:				
11. Effective date, if other than the date of filing:					
(Effective date cannot be prior to nor more than 90 days after Note: If the date inserted in this block does not meet the app	er the date this document is filed by the Florida Department of State.) plicable statutory filing requirements, this date will not be listed as the				
document's effective date on the Department of State's reco	irds.				
12. Attached is a certificate of existence duly authenticated, Florida Department of State, by the Secretary of State or oth the law of which it is organized.	not more than 90 days prior to the delivery of this application to the ner official having custody of the entity's records in the jurisdiction under				
Signed this 6 day of November	,20				
Signature of a general partner					
The individual signing this document affirms that the facts s submitted in a document to the Department of State constitu	stated herein are true and the individual is aware that false information ites a third degree felony as provided for in s.817.155, F.S.				
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)				
Certified Copy (optional):	\$52.50				
Certificate of Status (optional):	\$8.75				

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "CGI 1100 BISCAYNE MANAGEMENT HOLDCO,

LP" 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 SIXTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGI 1100

BISCAYNE MANAGEMENT HOLDCO, LP" WAS FORMED ON THE TWENTY-FIRST DAY

OF APRIL, A.D. 2015.

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

Authentication: 204024734

Date: 11-06-20