# B21000000063

(Requestor's Name)
(Address)
(Address)
( .co.sos)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000360366550

MAN FEB 17 PM 100

K SALY

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 668737 8008013

AUTHORIZATION :

ORDER DATE: February 16, 2021

ORDER TIME : 11:58 AM

ORDER NO. : 668737-005

CUSTOMER NO: 8008013

-----

#### FOREIGN FILINGS

NAME: CGI WEALTH MANAGEMENT INCOME

FUND, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CGI WEALTH MANAGEMENT INC	OME FUND, L	י
Name of Foreign Limited Partr	ership or Limite	d Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida.  Please return all correspondence concerning this ma		to register a foreign limited partnership or limited liability limited
Heana Rabassa		
Contact Person		<del>_</del>
CGI Merchant Group, LLC		
Firm/Company		<del></del>
801 Brickell Avenue, Suite 1970		
Address		<del>_</del>
Miami, FL 33131		
City, State and Zip Code	<del></del>	<del>_</del>
irabassa@cgimg.com		
E-mail address: (to be used for future annual repor	t notification)	<del></del>
For further information concerning this matter, pleas	e call:	
Suzanne Wilder	786	581-4800
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amount:		
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  \$1,008.75 Filing Fees and Certificate of Status	□\$1,052.50 Fi and Certifie	<del>-</del>
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

CGI WEALTH MANAGEMENT INCOME FUND, LP

(Name of Limit Acceptable Limited Parts	iership suffixes: Limited Partne	bility Limited Partnership, which must include suffix)
If name unavailable, name		nership or limited liability limited partnership proposes to register to transact rida; must contain acceptable suffix.
2. Delaware		3. 1/26/2021
State o	r Country of Formation	Date of Formation
4. Federal Employer Ide	entification Number.	
5. Name of Registered A CORPORATION SERV	gent for Service of Process an ICE COMPANY	d Florida Street Address:
1201 HAYS ST		
TALLAHASSEE, FL 32	301	
<ol> <li>I hereby accept the apportunity of all statutes relative my position as registered.</li> </ol>	to the proper and complete perfo ed agent.	and agree to act in this capacity. I further agree to comply with the provisions or mance of my duties, and Lam familiar with and accept the obligations of the following that the control of Registered Agent
7. Principal Office:		8. Mailing Address:
801 Brickell Avenue, Sui	te 1970	801 Brickell Avenue, Suite 1970
Miami, FL 33131		Miami, FL 33131
10. Name, principal offi CG I VISACI Name of General Part		
Street Address:	Brickell Avenue, Suite 1970 mi, FL 33131	
		Mailing Address:
	ner:	Name of General Partner:
Street Address:		Street Address:

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

#### Page 1 of 2



Name of General Partner:		Name of General Partner:	
Street Address:		Street Address:	
		Mailing Address:	
Note: If the date inserted in the document's effective date on the series of the serie	to nor more than 90 days after is block does not meet the appliche Department of State's record existence duly authenticated, noy the Secretary of State or other	the date this document is filed by the Floricable statutory filing requirements, this dates.  It more than 90 days prior to the delivery of official having custody of the entity's reco	te will not be listed as the
the law of which it is organize Signed this	day of February	.20 21	
The individual signing this document to the	cument affirms that the facts stat	re of a general partner  ed herein are true and the individual is award third degree felony as provided for in s.	are that false information 817.155, F.S.
Filing Fees:		\$1,000.00 (\$965 Filing Fee and \$35 Regis	

Page 2 of 2

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):



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

DELAWARE, DO HEREBY CERTIFY "CGI WEALTH MANAGEMENT INCOME FUND, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

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

MANAGEMENT INCOME FUND, LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF

OCTOBER, A.D. 2020.

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





Authentication: 202527380

Date: 02-17-21

3985481 8300 SR# 20210486470