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(Requestor's Name)
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(Business Entity Name)
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2021 JUL-7 PH 3:49



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 89523,1 / 8008013

AUTHORIZATION: Spelle lands

COST LIMIT : \$ 1008.75

ORDER DATE : July 7, 2021

ORDER TIME : 2:49 PM

ORDER NO. : 895231-005

CUSTOMER NO: 8008013

FOREIGN FILINGS

NAME: CGI 640 OCEAN MANAGEMENT, 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: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CGI 640 Ocean Management, LP	
Name of Foreign Limited Partn	ership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this materials.	es are submitted to register a foreign limited partnership or limited liability limited tter to:
Ileana Rabassa	
Contact Person	 _
CGI Merchant Group, LLC	
Firm/Company	
801 Brickell Avenue, Suite 2500	
Address	
Miami, FL 33131	
City, State and Zip Code	
irabassa@cgirng.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, pleas	e call:
Suzanne Wilder	786 581-4800
Name of Contact Person	_at ()
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 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

CGI 640 Ocean Management, 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. 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. , Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 87-1280755 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassec, FL 32301-2525 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 I am familiar with and accept the obligation assistant va in sount my position as registered agent. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 3480 Main Highway, Suite 200 3480 Main Highway, Suite 200 Coconut Grove, FL 33133 Coconut Grove, FL 33133 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: Name of General Partner: Name of General Partner: 3480 Main Highway, Suite 200 ___ Street Address: ____ Street Address: Coconut Grove, FL 33133 3480 Main Highway, Suite 200 Mailing Address: ___ Mailing Address:___ Coconut Grove, FL 33133 Name of General Partner: _____ 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:	Mailing Address:
11. Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days of Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's reduced the second of the the sec	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the ecords.
	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this day of	Hature of a general partner AUTHORIZED PERSON
The individual signing this document affirms that the fact	is stated herein are true and the individual is aware that false information itutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CGI 640 OCEAN MANAGEMENT, 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 SEVENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGI 640 OCEAN MANAGEMENT, LP" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2021.

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



Authentication: 203616817

Date: 07-07-21

5987623 8300 SR# 20212644497