

Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
CSGP I, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## 1. CSGP I, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

## 2. Delaware

(State or country under the law of which it is incorporated)

## 3. 46-3086348

(FEI number, if applicable)

## 4. June 27, 2013

(Date of incorporation)

## 5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

## 6. July 15, 2013

(Data first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

## 7. 6024 Le Lac Road, Boca Raton, FL 33496

(Principal office address)

## 5030 Champion Blvd., G11 #161, Boca Raton, FL 33496

(Current mailing address)

## 8. general partner of an investment partnership

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CT Corporation

Office Address: 1200 south Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

## 10. Registered agent's acceptance:

Having been named 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 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.

CT Corporation System

Judith Argao  
Vice President  
and Assistant Secretary

By: 

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

**Michael E. Lewitt**

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

**6024 Le Lac Road**

**Boca Raton, FL 33496**

Director: \_\_\_\_\_

**Marcie J. Engel**

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

**6024 Le Lac Road**

**Boca Raton, FL 33496**

**B. OFFICERS**

President: \_\_\_\_\_

**Michael E. Lewitt**

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

**6024 Le Lac Road, Boca Raton, FL 33496**

Vice President: \_\_\_\_\_

**Marcie J. Engel**

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

**6024 Le Lac Road, Boca Raton, FL 33496**

Secretary: \_\_\_\_\_

**Michael E. Lewitt**

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

**6024 Le Lac Road, Boca Raton, FL 33496**

Treasurer: \_\_\_\_\_

**Michael E. Lewitt**

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

**6024 Le Lac Road, Boca Raton, FL 33496**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

*Michael E. Lewitt*  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

14. **Michael E. Lewitt**

(Typed or printed name and capacity of person signing application)

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# Delaware

*The First State*

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSGP I, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2013.

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

5358373 8300

130876914

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0584692

DATE: 07-15-13