

F1500000 4848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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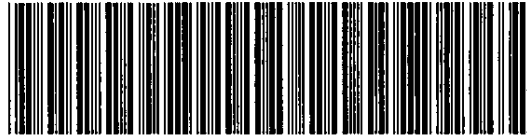
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

NOV 03 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Commercial Properties, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Graham Eddy

Name of Person

Capital Commercial Properties, Inc.

Firm/Company

2901 Telestar Ct, Ste #555

Address

Falls Church, Va 22042

City/State and Zip code

geddy@capcomprop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graham Eddy

703 204-4600
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Capital Commercial Properties, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 06-0772924

(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 2, 1962 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)
6. September 1, 2015

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

(Principal office address)
- 2901 Telestar Ct, Suite #555, Falls Church, Va 22042

(Current mailing address, if different)

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

Name: Lisa Ebenstein

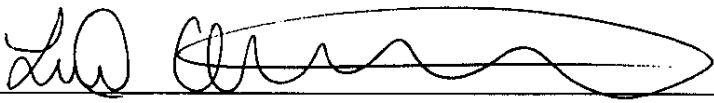
Office Address: 6111 Broken Sound Parkway, Suite 310

Boca Raton, FL _____, Florida 33487

(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Douglas Ebenstein

Address: 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

Director: Lisa Ebenstein

Address: 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

B. OFFICERS

President: Douglas Ebenstein

Address: 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

Vice President: Lisa Ebenstein

Address: 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

Secretary: Lisa Ebenstein

Address: 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

Treasurer: Lisa Ebenstein

Address: 6111 Broken Sound Parkway, Suite 310, Boca Raton, FL 33487

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

12.  V.P.
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.817.155, F.S.

13. Alan Frank, General Counsel & Senior Vice President

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

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ADDENDUM - Additional Officers

Senior Vice President - Alan B. Frank

Treasurer - Shirley Ebenstein

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TALLAHASSEE FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAPITAL COMMERCIAL PROPERTIES 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 TWENTY-SIXTH DAY OF OCTOBER,
A.D. 2015.



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SR# 20150549500

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 10262749

Date: 10-26-15