# FILOCOCOIOLO

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:  NAME CONFI WW- 9914						

Office Use Only



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SECRETARY OF STATE

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2016

MATTHEW NORTON 3414 PEACHTREE ROAD NE, SUITE 1600 ATLANTA, GA 30326

SUBJECT: CCAP, INC.

Ref. Number: W16000009974

We have received your document for CCAP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L03000030610 C-CAP, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 416A00002808

# **COVER LETTER**

	egistration Secti Division of Corpo						
SUBJEC	CT: <u>CCA</u>	P, Inc.	(Florida	7			
		Nam	e of corporati	on - must in	clude suffix		
Dear Sir o	or Madam:						
"Certifica		' or "Certifica	ite of Good Si	tanding" and	I check are sub	ct Business in Florida," omitted to register the	
Please ret	urn all correspo	ndence concer	ming this mat	ter to the fo	lowing:		
	matt	hew B.	Oodas				
			Name o	of Person			
	Bato	Donel	San				
	2000		Firm/Co	ompany			
	3914	Peachtr	miRd ne	Suiv	te 1600		
	A4\a	uta GA	30326	and Zip co	do.		
	Mnoo	tono v E-mail addre	•	•	annual report	notification)	
For furthe	er information co	oncerning this	matter, pleas	e call:			
K.Q	Shaw lame of Person		at ( <u>ЧОЧ</u> Area Co	ode   <u>44</u>	3 – 677S Daytime Telep	hone 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 i	is a check for the	e following at	nount:				
	rously	3 \$78.75 Fili Certificate		□ \$78.75   Certifie	Filing Fee & d 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. CCAP	rporation; must include "INCORPORATE	AP Inc	"CODDOD A TIC	N1 9	<del></del>
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")	D," "COMPANY,"	"CORPORATIC	λΝ,"	
> CCF	AP INC. (FIOVIDA) ple in Florida, enter alternate corporate han				
				-	lorida)
2. <u>Georg</u>	Junder the law of which it is incorporated)	3			
ı. <u>11/5/3</u>	2015 of incorporation)	5			
(Date o	of incorporation)	(Date o	of duration, if othe	er than perpetual	)
ó					
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior 7.1502, F.S., to deter	to registration) mine penalty liab	ility)	
, 17da 0	2	nout 0	D 35V D		
	Roswell Rd, Suide 102, 1	ncipal office address	<u>π                                    </u>		
	(Current ma	ailing address, if diff	erent)		***************************************
<ol><li>Name and <u>street</u></li></ol>	address of Florida registered agent: (l	P.O. Box NOT ac	ceptable)	2018 - E	
Name:	Christophen Y. Mills			至的 墨	
- ca	Christophen Y. Mills Baker Conelson Boarman	a Coldwell & B	renkowitz, Pa	FAR SSS	-
Office Address:	100 DE 210 HW DULY	<u> </u>		771 <del></del>	
	Ft Landerdale (City)	, Florida _	33394	P 4: 47	O
	(City)		(Zip code)		
9. Registered agei		-			
	ed as registered agent and to accept se application, I hereby accept the appoi				
	mply with the provisions of all statute				
	miliar with and accept the obligations				- •
	ON LA A A	171.			
	(Haristory)	ed 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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: <u>Catherin Chassaignon</u>	
Address: 1744 Roswell Rd Sink 102	
Marvetta GA 30326	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	22
B. OFFICERS	
President: Catherine Chassairyuon	
Address: <u>See about</u>	Te T
	ST F
Vice President: Brano Cluzal	まった。 これでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは、
Address: <u>see about</u>	
Secretary: Matthew B. Norton	
Address: 3414 Prachton Rd NE Swite 1600, At law	L 6A 30326
Treasurer: Andre Chassaignon	
Address: 1744 Roswell Rd, Ste 102 Marietta GA 303	26
NOTE: If necessary, you may attach an addendum to the application listing additiona	
12 // loss R. Con	and the former of the state of
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) a	offirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the	
a third degree felony as provided for in s.817.155, F.S.  13B. Morton . Secretary	
(Typed or printed name and capacity of cerson signing application)	ation)

Control Number: 15105836

# STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### CCAP, INC.

## a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12582822 : 11/05/2015 : Georgia : 02/03/2016



Brian P. Kemp Secretary of State