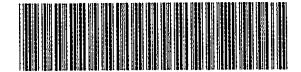


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TO:

Registration Section

Đ₩	ișion of Corporation	15				
SUBJECT:	CPT Investment P	roperties, LLC				
SUBJECT.	•	Name of	Limited Liability (Company		
					unsact Business in Florida," C y company to transact busines	
Please return	all correspondence of	concerning this matter to the	following:			
	Andre Couriel	, CPA			.;	•
	"	N	ame of Person		· <u>-</u> -	. 1
	Couriel, Stand	lart and Company, PA			1 2.3	1
		Fi	rm/Company			
	222 N Tradew	rinds Ave				
			Address		<u> </u>	
	Lauderdale By	the Sea, FL 33308				
		City/S	tate and Zip Code			
	andy.couriel@c					
	-	E-mail address: (to be use	i for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
An	dre Couriel		954 at (297-37)	'95 	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section duilding extractive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Boxed{1} \text{\$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

'IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

	Limited Liability Company, must include Limited	Liability Company," "L.L.C.," or "LLC.")	
7.11	ame adopted for the purpose of transacting business in Florid	b. The alternate purpose must be hale "I impled I inhife	by Company " "L.L.C." or "L.C."
	me support for the purpose of transacting transces in Parac		,, 000,
Nevada	nch foreign limited liability company is organized)	3. 83-1003353	if applicable)
(168 BOTTON GODG OF THE OILE	and an additional control of the state of th	(-
N/A- no business tra	snacted prior to filing		
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) : penalty liability)	
3776 NW 124 Ave		₄ 3776 NW 124 Ave	
(Street Address of F	rincipal Office)	(Mailing Address	i) r-j
Coral Springs, FL 33		Coral Springs, FL 33065	- ;
			-
			 .;
			```
Name and street address	ss of Florida registered agent: (P.O. Box )	NOT acceptable)	
2.7	Christina Rennison		<u> </u>
Name:			· · ·
Office Address:	3776 NW 124 Ave		
	0  0	220CE	ز
	Coral Springs	, Florida 33065	
gistered agent's accep			
		and complete performance of my di	ities, and I am familiar v
	s of my position as registered agent.	and complete performance of my di	sties, and I am familiar v
			sties, and I am familiar v 
nd accept the obligation	s of my position as registered agent. (Registered agent's signal)	gnature)	sties, and I am familiar v
nd accept the obligation.  The name, title or capa	(Registered agent.  (Registered agent's signature agent) and address of the person(s) who has	wature)  /have authority to manage is/are:	
The name, title or capa	(Registered agent.  (Registered agent)	whave authority to manage is/are:  Title or Capacity:	Name and Address:
nd accept the obligation.  The name, title or capa	(Registered agent.  (Registered agent)	wature)  /have authority to manage is/are:	Name and Address: Patrick Rennison
The name, title or capa	Registered agent.  (Registered agent)	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison 3776 NW 124 Ave
The name, title or capa	(Registered agent.  (Registered agent)	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison
The name, title or caparity:  Managing Member	acity and address of the person(s) who has  Name and Address:  Christina Rennison  3776 NW 124 Ave  Coral Springs. FL 33065	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison 3776 NW 124 Ave
The name, title or capa	Registered agent.  (Registered agent agent)  (Registered agent)  (	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison 3776 NW 124 Ave
The name, title or caparity:  Managing Member	acity and address of the person(s) who has  Name and Address:  Christina Rennison  3776 NW 124 Ave  Coral Springs. FL 33065	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison 3776 NW 124 Ave
The name, title or cap: Title or Capacity: Managing Member Managing Member	Registered agent.  (Registered agent agent)  acity and address of the person(s) who has Name and Address:  Christina Rennison  3776 NW 124 Ave  Coral Springs. FL 33065  Bettina Kapp  3776 NW 124 Ave  Coral Springs. FL 33065	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison 3776 NW 124 Ave
The name, title or cap: Title or Capacity: Managing Member Managing Member	Registered agent.  (Registered agent agent)  acity and address of the person(s) who has Name and Address:  Christina Rennison  3776 NW 124 Ave  Coral Springs. FL 33065  Bettina Kapp  3776 NW 124 Ave  Coral Springs. FL 33065	whave authority to manage is/are:  Title or Capacity:	Name and Address: Patrick Rennison 3776 NW 124 Ave
The name, title or caparity:  Managing Member  Managing Member  Use attachments if neces  Attached is a certificate	acity and address of the person(s) who has  Name and Address:  Christina Rennison  3776 NW 124 Ave  Coral Springs. FL 33065  Bettina Kapp  3776 NW 124 Ave  Coral Springs. FL 33065  ssary)  c of existence, no more than 90 days old, d	/have authority to manage is/are:  Title or Capacity:  Managing Member  huly authenticated by the official have	Name and Address: Patrick Rennison 3776 NW 124 Ave Coral Sorings. FL 330
The name, title or caparity:  Managing Member  Managing Member  Use attachments if neces  Attached is a certificate	acity and address of the person(s) who has  Name and Address:  Christina Rennison  3776 NW 124 Ave  Coral Springs. FL 33065  Bettina Kapp  3776 NW 124 Ave  Coral Springs. FL 33065	/have authority to manage is/are:  Title or Capacity:  Managing Member  huly authenticated by the official have	Name and Address: Patrick Rennison 3776 NW 124 Ave Coral Sorings. FL 330
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The name, title or cape Title or Capacity:  Managing Member  Managing Member  Use attachments if neces Attached is a certificate risdiction under the law of the translator must be s	Registered agent.  (Registered agent agent) (Registered agent) (Regist	/have authority to manage is/are:  Title or Capacity:  Managing Member  huly authenticated by the official have is in a foreign language, a translation	Name and Address: Patrick Rennison 3776 NW 124 Ave Coral Sorings. FL 330  ing custody of records in an of the certificate under
The name, title or cape Title or Capacity:  Managing Member  Managing Member  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be so. This document is executed.	Registered agent.  (Registered agent agent)  (Registered agent)  (	/have authority to manage is/are:  Title or Capacity:  Managing Member  huly authenticated by the official have is in a foreign language, a translation  (1) (b), Florida Statutes. I am aware	Name and Address: Patrick Rennison 3776 NW 124 Ave Coral Sorings. FL 330  ing custody of records in an of the certificate under that any false information
The name, title or cape Title or Capacity: Managing Member  Managing Member  Jse attachments if neces Attached is a certificate risdiction under the law the translator must be so. This document is exec	Registered agent.  (Registered agent agent) (Registered agent) (Regist	/have authority to manage is/are:  Title or Capacity:  Managing Member  huly authenticated by the official have is in a foreign language, a translation  (1) (b), Florida Statutes. I am aware	Name and Address: Patrick Rennison 3776 NW 124 Ave Coral Sorings. FL 330  ing custody of records in an of the certificate under that any false information
The name, title or cape Title or Capacity:  Managing Member  Managing Member  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be so. This document is executed.	Registered agent.  (Registered agent agent)  (Registered agent)  (	/have authority to manage is/are:  Title or Capacity:  Managing Member  huly authenticated by the official have is in a foreign language, a translation  (1) (b), Florida Statutes. I am aware	Name and Address: Patrick Rennison 3776 NW 124 Ave Coral Sorings. FL 330  ing custody of records in an of the certificate under that any false information

Typed or printed name of signee

Christina Rennison

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CPT INVESTMENT PROPERTIES LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 22, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 27, 2018.

Cagaiste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180627-0441