

F2400000 1071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

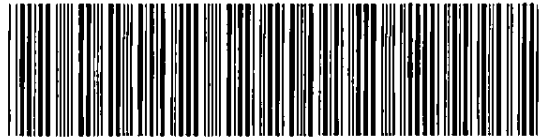
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB -9 PM 12:11
SECRETARY OF STATE
TOLSON, D. C.

T. LEMIEUX

FEB 26 2024

RAFAEL J. SANCHEZ-ABALLI PA

264 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134
TELEPHONE (305) 779-5041 • FACSIMILE (305) 779-5047
EMAIL: rsa@sanchez-aballi.com • www.sanchez-aballi.com

February 8, 2024

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Attention: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

**Re: CD Member Holding Corp. - Application by Foreign Corporation for Authorization
to Transact Business in Florida**

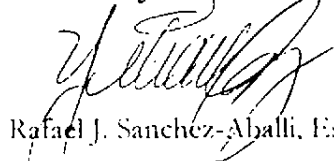
Sir/Madam:

Enclosed please find the original, duly executed Application by foreign Corporation for Authorization to Transact Business in Florida. Also, enclosed is a copy of the Certificate of Good Standing from Delaware State and our firm's Check # 1504 made payable to the Florida Department of State in the amount of \$70.00 representing payment for the fees associated with this service.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

RAFAEL J. SANCHEZ-ABALLI P.A.



Rafael J. Sanchez-Aballi, Esq.

/yp
Enclosures as stated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CD MEMBER HOLDING CORP.
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:

Rafael Sanchez-Aballi

Name of Person

Rafael J. Sanchez-Aballi, P.A.

Firm/Company

264 Almeria Avenue

Address

Coral Gables, Florida 33134

City/State and Zip code

rsa@sanchez-aballi.com

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

For further information concerning this matter, please call:

Rafael Sanchez-Aballi

Name of Person

at (305)

Area Code

779-5041

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. CD Member Holding Corp.
(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. 82-2588394
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 19, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 264 Almeria Avenue, Coral Gables, Florida 33134
(Principal office street address)

(Current mailing address, if different)

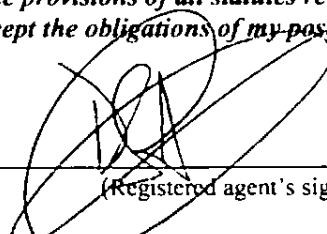
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rafael J. Sanchez-Aballi

Office Address: 264 Almeria Avenue
Coral Gables, Florida 33134
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILE
2024 FEB -9 PM 2:27
DEPT. OF STATE
CORPORATE SERVICES

A. DIRECTORS

☐ Chairman Name: Rafael Sanchez-Aballi
☐ Vice Chairman Address: 264 Almeria Avenue
☒ Director Coral Gables, Florida 33134
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sebastian Arispe
☐ Vice Chairman Address: 264 Almeria Avenue
☒ Director Coral Gables, Florida 33134
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

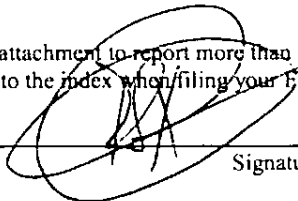
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
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.

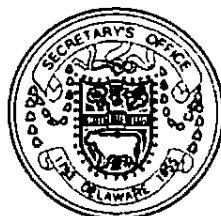
13. Rafael Sanchez-Aballi
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CD MEMBER HOLDING CORP." 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 SIXTH DAY OF FEBRUARY, A.D. 2024.



6101461 8300

SR# 20240383044

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202755480

Date: 02-06-24