

060000/4386

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407)418-2435  
Fax Number : (407)420-5909RECEIVED  
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DIVISION OF CORPORATIONS

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## CBP Holdings LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  
CBP Holdings LLC

ARTICLE II - Address:

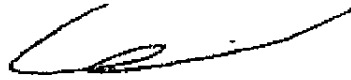
The mailing address and street address of the principal office of the Limited Liability Company is:  
10 North Summerlin Ave., Unit 16  
Orlando, Florida 32801

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: Christopher Tracy  
Address: 10 North Summerlin Ave., Unit 16  
Orlando, Florida 32801

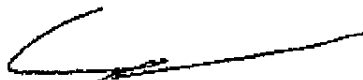
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHRISTOPHER L. TRACY  
Typed or printed name of signer

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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