

L21000391999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

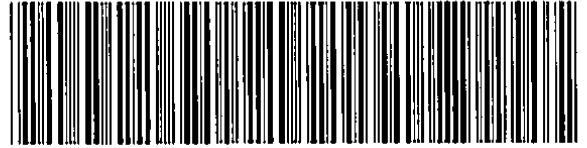
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600372767916

FILED

2021 SEP -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 SEP -2 PM 3:38

OFFICIAL REGISTRATIONS  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/02/2021

**\*\*WALK IN\*\***

ENTITY NAME CG FL QOZB LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$155.00

ACCOUNT #: I20160000072

*S. R. J. H.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CG FL QOZB LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cameron Betterley

\_\_\_\_\_  
Name of Person

Morgenstern DeVoesick PLLC

\_\_\_\_\_  
Firm/Company

1080 Pittsford Victor Road, Suite 200

\_\_\_\_\_  
Address

Pittsford, NY 14534

\_\_\_\_\_  
City/State and Zip Code

cbetterley@morgdevo.com

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

For further information concerning this matter, please call:

Samuel Hauser

585

672-5500

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

FILED

2021 SEP -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CG FL 00ZB LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

601 Lexington Avenue  
New York, NY, US 10022

Mailing Address:

601 Lexington Avenue  
New York, NY, US 10022

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Incorporating Services, LTD.

Name

1540 Glenway Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

City

Florida

State

32301

Zip

*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 605, F.S..*



Renee T. Kent, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Carl Gordon  
601 Lexington Avenue  
New York, New York 10022

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP -2 AM 11:25

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Please include the attached purpose statement here. - Attached

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

Samuel R. Hauser

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

## CG FL QOZB LLC

### **“Purpose” language for Articles of Organization and Operating Agreement:**

The purpose of the Company is to be organized and operated at all times as a “Qualified Opportunity Zone Business” (a “QOZB”) within the meaning of Section 1400Z-2(d)(2)(C)(II) of the Internal Revenue Code (the “Code”) and to comply with all requirements for qualification as a QOZB within the meaning of Code Section 1400Z-2(d)(3) and Treasury Regulation Section 1.1400Z2(d)-1(d); the Company may issue all or any portion of its membership interest in exchange for cash to one or more investors that are each organized for the purpose of qualifying as a “Qualified Opportunity Fund” within the meaning of Code Section 1400Z-2(d)(1) under circumstances where the Company determines that such cash investment is necessary and will be used and spent by the Company for the development of a trade or business in a Qualified Opportunity Zone (as defined in Code Section 1400Z-1(A)), including when appropriate the acquisition, construction, and/or substantial improvement of tangible property in such a zone within the meaning of Treasury Regulation Section 1.1400Z2(d)-1(d)(3)(v)(A) (or any successor regulations) and that such cash will be held and spent in accordance with the Company’s written plan; consistently with and subject to the foregoing, the Company will engage in one or more QOZB trades or businesses and will acquire, own, service, maintain, develop, improve, lease, mortgage, manage, and dispose of real and personal property in the State of Florida and may engage in such other activities as may be necessary or incidental to the foregoing QOZB business activities, and, consistently with the foregoing, the Company may engage in any lawful business, trade, purpose, or activity permitted to a limited liability company under the laws of the State of Florida, but only to the extent such business or activity is not inconsistent with the Company’s intention and obligation to qualify at all times as a QOZB.