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(Re	equestor's Name)				
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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S. CHATHAM

2022 JUL 11 AH 11: 2

CENTURE A

22 JUL 11 AH 5: 06

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Filone. 050-550-1500
ACCOUNT NO. : I2000000195
REFERENCE: 795772 8008013
AUTHORIZATION :
COST LIMIT : \$ 155,00
ORDER DATE : July 8, 2022
ORDER TIME : 9:03 AM
ORDER NO. : 795772-005
CUSTOMER NO: 8008013
DOMESTIC FILING
NAME: ACCESS BY CGI HOLDCO, LLC
A) ~
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: $\frac{C_1}{20}$.
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Se Division of Co					
SUBJE	Access by	CGI Holdco, LLC				
SOBJE	.c	Name of Li	mited Liab	lity Company		
The end	closed Articles of	f Organization and fee(s) as	re submitte	d for filing.		
Please	return all corresp	ondence concerning this m	atter to the	following:		
	Ileana Raba	ssa				
			Name o	f Person		
	CGI Merch	ant Group, LLC				
			Firm/C	ompany		
	3480 Main i	Highway, 2nd Floor				
	-		Add	ress		
	Coconut Gre	ove, FL 33133				
	irabassa@cgi		City/State at	nd Zip Code		
		E-mail address: (to be used	for future	annual report notificat	ion)	
For furthe	er information co	ncerning this matter, please	e call:			
	Suzanne Wil	der 78	86	581-4800		22 JUL 11
	Nam		теа Code	Daytime Telephor	ne Number	1 JNF 22
Enclose	d is a check for t	he following amount:				A
■\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	۶. نخ
	New F	g Address iling Section		Street Address New Filing Section D		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:					
Access by CGI Holde	co, LLC					
(Must cona	tin the words "Limited	l Liability Compan	y, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limit	ed Liability Company is:			
Principal Office Address:			Mailing Address:			
3480 Main Highway 2nd Floor Coconut Grove, FL 33133		<u>2r</u>	3480 Main Highway 2nd Floor Coconut Grove, FL 33133			
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:						
Corporation Service Company						
Name						
1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City	State	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..

Corporation Service Company

(CONTINUED)

Registered Agent's Signature (REQUIRED)

22 JUL 11 AH 5: 00

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR CGI Funds Group, LLC 3480 Main Highway, 2nd Floor Coconut Grove, FL 33133 Authorized Person Raoul Thomas 3480 Main Highway, 2nd Floor Coconut Grove, FL 33133 Todd Billings Authorized Person 3480 Main Highway, 2nd Floor Coconut Grove, FL 33133 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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. 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.

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)