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EXAMINER

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CONTACT:	ASHLEY SI	<u>MITH</u>	
DATE:	<u>02-28-2008</u>		
REF. #:	000638.8240	9	7
CORP. NAME:	CPPB I, LL	<u>C</u>	
() ARTICLES OF INCO () ANNUAL REPORT (XX) FOREIGN QUALIFI () REINSTATEMENT () CERTIFICATE OF C () OTHER:	CATION	() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	
STATE FEES PR	REPAID WI	TH CHECK# 524919	FOR \$ <u>155.00</u>
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION GO TTED LIABILITY COMPANY TO TRAI				TO REC	DISTER A	FOREIGN
1		CPPB I	LLC				
1	(Name of Foreign Limited Liabi	lity Company; must includ	e "Limited Link	ility Company," "L.L.	C.," or "	LLC.")	
						····	_
cons	ame unavailable, enter alternate na tent of the managers or managing n mpany," "L.L.C" "LLC.")						
		3				TASE(380
(.) (.)	urisdiction under the law of which ompany is organized)	foreign limited liability		(FEI number, if appli	cable)	至行	B,
4.	02/20/2008	5.		Perpetual ear limited liability co		1577 1577	28
,	(Date of Organization	1)	(Duration: Y	ear limited liability co	mpany v	vill cease is	宝宝
6.			·	,		13.	8: 58
	(Date first (See section	transacted business in Flores 608,501 & 608,502 F.S.	ida, if prior to r	egistration.) nalty liability)		7.	河 6
7	·	545 S. Figuer	oa St., #614	•		Ţ.	7
•	* *		······································		074		
	Los An	geles (Street Address o	CA		071	·····	
9.	The name and usual business Howard Sands	addresses of the mana 545 S. Figueroa S	- -	s or managers are	as follo	ws: 90071	
	Kenton Wright	545 S. Figueroa S	St., #614	Los Angeles	CA	90071	
	Scott Tracy	545 S. Figueroa S	St., #614	Los Angeles	CA	90071	_
the tran	(In necordan	tis organized. (A photocopy of the translator must be submisses to be conducted or timent.) of a member or an autoce with section 608.408(3), F. on under the penalties of perguine to the penalties of penalt	promoted in thorized repress, the execution ary that the facts s	Florida: Sentative of a men of this document constitutated herein are true.)	a foreign		
		Typed or printed	name of sign	ice			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OFFICE FLORIDA.

1. The name of the Limited Liability Company	is:		
СРР	B I, LLC		
If name unavailable, the alternate name to be u	sed in the state	e of Florida is:	
2. The name and the Florida street address of t	he registered	agent and office are:	
National Corpo	rate Research	, Ltd., Inc.	
	(Name)	······································	
515 Eas	st Park Avenu	16	
Florida Street Address	(P.O. Box <u>NO</u>	T 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 608, Florida Statutes.

National Corporate Research, Ltd., Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPPB I, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CPPB I, LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4507727 8300

080192953

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6395509

DATE: 02-21-08

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