08000001117^{se 1 of 1}

Florida Department of State

Division of Corporations **Public Access System**

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Account Number: I20060000147

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To:

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Fax Number : (850) 517-6383

From:

ACCOUNT Name : LAW OFFICES OF DELIMA GOLDMAN & GOLDMAN

Account Number : 120060000147 : (305)446-6460 Phone Fex Number

: (305)446-7502

March 7, 2008

FLORIDA DEPARTMENT OF STATE

LAW OFFICES OF DELIMA GOLDMAN & GOLDMAN

SUBJECT: CCLC INVESTMENTS I, LLC

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attached

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover cheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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SECRETARY OF STATE

P.O BOX 6327 - Tallahassec, Florida 32314 -

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CCLC INVESTMENTS I, LLC	
(Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C" "LLC.")	se of transacting business in Florida and attach a copy of the writte rnate name. The alternate name must include "Limited Liability
	<u>3</u> 26-2114326
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. March 4, 2008	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, il prior to registration.) to determine penalty liability)
7. 6499 Powerline Road, Suite 205	
Fort Lauderdale, FL 33309	·
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	company, check here 🗹
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Jaffe of Pompano, Inc., 6499 Powerline F	Road, Suite 205, Fort Lauderdale, FL 33309
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be subo	
11. Nature of business or purposes to be conducted or	•
11. Instance of business or purposes to be conducted of	promoted in Florida.
(In accordance with section 608,408(3), F.	thorized representative of a member. S., the execution of this document constitutes
an affirmation under the penalties of perju Bruce J. Goldman, Esquire as Agent for Pa	rry that the facts stated herein are true.) uricia A, Jaffe, President of Jaffe of Pompano, Inc.

Typed or printed name of signec

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 OF FLORIDA.

1. The name of	the Limited Liability Company is:		
CCLC INVE	STMENTS I, LLC	•	
If name unavaila	able, the alternate name to be used in the state of Florida is:		
2. The name and	d the Florida street address of the registered agent and office are:		
	Bruce J. Goldman, Esquire		
-	(Name)		
	2655 Le Jeune Road, Suite 816	980	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	E A	-T-1-
(Coral Gables, FL 33134 FL	7	
•	City/State/Zip	HAD THE	950
A AMMINIST WATER TO C	ned as registered agent and to accept service of process for the above stated limits of the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.	:l 0 :23 <u>:</u> 2	
h_			
	(Signature)		
	\$ 100.00 Filing Fee for Application		

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCLC INVESTMENTS 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 FIFTH DAY OF MARCH, A.D. 2008.



Warnet Smith Windson Secretary of State

AUTHENTICATION: 6428790

DATE: 03-05-08

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