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BECRETARY OF STATE LLAHASSEE, FLORIO

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FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CCR Fund Management	t, LLC	
<u> </u>	ed Liability Company)	
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sub liability company to transact business in Florida		
Please return all correspondence concerning this ma	atter to the following:	
Gayle Weston		
(Nam	ne of Person)	
The CCR Companies	TALL SEC	_ 52 69
(Firm	n/Company)	= 71
10700 N. Kendall Drive,	• • • • • • • • • • • • • • • • • • • •	23
	Address)	
Miami, Florida 33176	RIDA	#: 08 ₁
(City/Stat	te and Zip Code)	
For further information concerning this matter, pleas	se call:	
Gayle Weston	_at (305) 598-2111	_
(Name of Person)	(Area Code & Daytime Telephone Num	iber)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of S}	\$155.00 Filing Fee & \$160.00 Filing Fee Status Certified Copy of Status	, Certificate & Certified Copy

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 CCR Fund Management, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company,"	' "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori consent of the managers or managing members adopting the alternate name. The alternate name in Company," "L.L.C.," "LLC.")	da and attach a copy of the written
2. Delaware 3. EIN #26-2771048	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if	applicable)
4. June 5, 2008 5. perpetual	
(Date of Organization) (Duration: Year limited liabil exist or "perpetual")	ity company will cease to
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	ISS TALL/
7. 10700 N Kendall Drive Suite 204	
Miami, FL, 33176	TASS.
(Street Address of Principal Office)	MY W
8. If limited liability company is a manager-managed company, check here	PESTA E
9. The name and usual business addresses of the managing members or managers	are as follows:
Jason Gross	φ
10700 N Kendall Drive Suite 204	
Miami, FL, 33176	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the o the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: to en	ngage in any lawful
act or activity for which limited liability companies may engage und	er Florida law
15	
Signature of a member or an authorized representative of a r	
(In accordance with section 408.408(3), F.S., the execution of this document cor an affirmation under the penalties of perjury that the facts stated herein are true.	nstitutes .)
CCR Fund Holdings, LLC	•

Typed or printed name of signee

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 Lial	oility Company is:	
CCR Fund Management, LI	.C	
If name unavailable, the alternate	e name to be used in the state of Florida is:	
Jason Gross	et address of the registered agent and office are: SECRE JARY STARY OF THE LANGE O	
Flori Miami	As Street Address (P.O. Box NOT ACCEPTABLE)	O
	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.

Jason Gross
BY:

\$ 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 "CCR FUND MANAGEMENT, 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 TWELFTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCR FUND MANAGEMENT, LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2008.

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



Harriet Smith Windsor, Secretary of State

080688463

DATE: 06-12-08