

Division of Corporations

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Division of Corporations  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

CGN One, LLC

Certificate of Status	1
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EXAMINER

**CARLTON FIELDS**  
ATTORNEYS AT LAWONE PROGRESS PLAZA  
200 CENTRAL AVENUE, SUITE 2300  
ST. PETERSBURG, FLORIDA 33701-4352MAILING ADDRESS  
P.O. BOX 2861, ST. PETERSBURG, FL 33731-2861  
TEL (727) 821-7000 FAX (727) 822-3768**FAX COVER SHEET**

<b>Date:</b> August 5, 2008	<b>Phone Number</b>	<b>Fax Number</b>
<b>To:</b> Division of Corporations		(850) 617-6383
<b>From:</b> Lynore Redding	(727) 551-2205	(727) 822-3768

**Client/Matter No.:** 47377 / 12360**Employee No.:** 928**Total Number of Pages Being Transmitted, Including Cover Sheet:** 6**Message:****CGN One, LLC** (((H08000188830 3)))

Please see attached Electronic Filing Cover Sheet and Application by Foreign LLC for Authorization to Transact Business in Florida.

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow via Overnight CourierFILED  
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TELECOPIER OPERATOR: \_\_\_\_\_

CARLTON, FIELDS, P. A.

TAMPA ORLANDO TALLAHASSEE WEST PALM BEACH ST. PETERSBURG MIAMI  
8521372.1

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

**1. CGN One, 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 Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. N/A**

(FEI number, if applicable)

**4. August 4, 2008**

(Date of Organization)

**5. perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. August 4, 2008**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 2325 Ulmerton Road, Suite 20**

**Clearwater, FL 33762**

(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 managing members or managers are as follows:**

**CG Mezzanine Owner, LLC**

**2325 Ulmerton Road, Suite 20**

**Clearwater, FL 33762**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 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:**

**Real estate**

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Joel B. Giles, Authorized Representative**

Typed or printed name of signee

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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:

CGN One, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

CFRA, LLC

(Name)

4221 W. Boy Scout Blvd., 10th Fl

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tampa, FL 33607

FL

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.*

  
(Signature)

\$ 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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CGN ONE, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF AUGUST, A.D. 2008, AT 3:54 O'CLOCK P.M.



4583542 8100

080843756

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6771151

DATE: 08-04-08

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:55 PM 08/04/2008  
FILED 03:54 PM 08/04/2008  
SRV 080843756 - 4583542 FILE

**STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF  
CGN ONE, LLC  
A DELAWARE LIMITED LIABILITY COMPANY**

This Certificate of Formation was duly executed and is being filed in accordance with Section 18-201 of the Delaware Limited Liability Company Act.

**FIRST:** The name of the limited liability company is CGN ONE, LLC, (the "Company").

**SECOND:** The address of the Company's registered office in the State of Delaware is 2711 Centerville Road Suite 400, Wilmington, Delaware 19808, and the name of the registered agent of the Company at such address is Corporation Service Company.

**IN WITNESS WHEREOF,** the undersigned has executed this Certificate of Formation as an authorized person with respect to the Company this 4th day of August, 2008.

**AUTHORIZED PERSON:**

By   
JOEL BAGILES