

Division of Corporations

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Division of Corporations
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Division of Corporations
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From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813) 223-7000
Fax Number : (813) 229-4133SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CGN Two, LLC

Certificate of Status	1
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EXAMINER

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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
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TALLAHASSEE, FLORIDA**FAX COVER SHEET**

Date: August 5, 2008	Phone Number	Fax Number
To: Division of Corporations		(850) 617-6383
From: 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 Two, LLC** (((H08000188833 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 Courier*****
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*****IF THERE ARE ANY PROBLEMS OR COMPLICATIONS, PLEASE NOTIFY US IMMEDIATELY AT:
(727) 821-7000

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 Two, 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 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 4, 2008 5. perpetual
(Date of Organization) (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:

CGN One, LLC

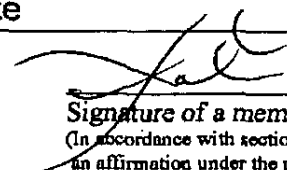
2325 Ulmerton Road, Suite 20

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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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 Two, 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 TWO, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF AUGUST, A.D. 2008, AT 3:55 O'CLOCK P.M.



4583544 8100

080843770

You may verify this certificate online
at corp.delaware.gov/authvar.shtml

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6771817

DATE: 08-05-08

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:56 PM 08/04/2008
FILED 03:55 PM 08/04/2008
SRV 080843770 - 4583544 FILE

**STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF
CGN TWO, 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 TWO, 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 B. GILES