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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	

Office Use Only

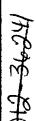


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SECRETARY OF STATE BIVISION OF CORPORATIONS



#### **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: CP Management Group	o, LLC
	e of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	ter to the following:
Sharon Brotherton	
	Name of Person
ShaBro Alternative Office S	Solutions
	Firm/Company
1415 Dean St, Suite 111	
	Address
Fort Myers, FI 33901	
	City/State and Zip Code
sharon@shabrooffices E-mail address: (to	olutions.com be used for future annual report notification)
For further information concerning this matter, please	e call:
, particular services and services are services and services are services are services and services are servi	
Sharon Brotherton	at (239 ) 437-3016
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

#### RECEIVED

12 JUL 30 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# LORIDA DEPARTMEN

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2012

SHARON BROTHERTON SHABRO ALTERNATIVE OFFICE SOLUTIONS 1415 DEAN ST - STE 111 FT MYERS, FL 33901

SUBJECT: CP MANAGEMENT GROUP, LLC

Ref. Number: W12000036241

We have received your document for CP MANAGEMENT GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must be in English and composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the name of the limited liability company accordingly.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00018380

## 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. CP Management Group, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	<u>')</u>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	of the writter Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-5589236 (FEI number, if applicable)	<u></u>
4. 06-27-2012  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cear exist or "perpetual")	ise to
6. July 01, 2012  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u>_</u>
7. 6900 Daniels Pkwy, Suite 29 #284	3 S
Fort Myers, FI 33912	
(Street Address of Principal Office)	2
	<b>교 취임</b>
9. The name and usual business addresses of the managing members or managers are as follows:	STATE STATES
Corey Savage, 6900 Daniels Pkwy, Suite 29 #284, Fort Myers, Florida 33912	
Patricio Tinajero, 6900 Daniels Pkwy, Suite 29 #284, Fort Myers, Florida 33	912
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languateranslation of the certificate under oath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida: Management Service.	age, a
age	•
Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.	a S.)

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 Liability C	Company is:
CP Management Group, L	LC
If unavailable, the alternate to be used i	in the state of Florida is:
2. The name and the Florida street add	ress of the registered agent and office are:
Corey Savage	
	(Name)
6900 Daniels Pkw	y, Suite 29 #284
Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)
Fort Myers	<sub>FL</sub> 33912
	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)

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# Delaware PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CP MANAGEMENT GROUP, 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-THIRD DAY OF JULY, A.D. 2012.

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

5175369 8300

120862492

AUTHENTY CATION: 9728113

DATE: 07-23-12

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