Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000143213)))



H130000143213ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number: I20080000023

: (651)225-9500

Phone Fax Number

: (651)225-9579

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

13 JAN 18 PM 1: 01 SECRETARY OF STATE ALLAHASSEE, FLORIDA

Foreign Limited Liability Company CPI Ryan 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS

JAN 2 2 2013

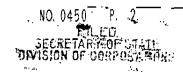
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

....



2013 JAN 18 AM 8: 28

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 RESIDESS IN THE STATE OF FLORIDA:

onsent of the managers or managing members adopting	the purpose of transacting business in Florida and attach a copy of the writt g the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.") Dolaware	
(Jurisdiction under the law of which foreign limited I company is organized)	iability (FEI number, if applicable)
January 17, 2013	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date that transacted busin (See sections 608.501 & 608	ess in Florida, if prior to registration.) 3.502 F.S. to determine penalty Hability)
50 South Tenth Street #300	
Minucapolis, MN 55403	
(Street	Address of Principal Office)
. If limited liability company is a manager-m	anaged company, check here 🔀
. The name and usual business addresses of	the managing members or managers are as follows:
Timothy M. Gray - 50 South Tenth Street #300 Mi	inneapolis, MN 55403
Patrick G. Ryan - 50 South Tenth Street #300 Min	neapolis, MN 55403
Audra E. Williams - 50 South Tenth Street #300 M	finneapolis, MN 55403
	re than 90 days old, duly authenticated by the official having custody of recom , photocopy is not acceptable. If the certificate is in a fireign lauguage, a ust be submitted.)
Nature of business or purposes to be cond	ucted of promoted in Florida:

In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true 1 am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Audra E. Williams - Assistant Secretary

Typed or printed name of signee

JAN. 18. 2013 10:41AM

NRAI CORPORATE SERVICES INC

NO. 0450 P. 3

PILICO
SECRETARYROF STATE
OFFICION OF CORPORATION

2013 JAN 18 AM 8: 28

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: CPI Ryan 1, LLC If unavailable, the alternate to be used in the state of Florida is:		
NRAI Services, Inc.		
•	(Name)	
515 East Park Avenue		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee FL 3230	01
•	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.

By: (Signature) RCKie Borny, AST Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CPI RYAN 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 SEVENTEENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CPI RYAN 1, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2013.

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

5276074 8300

AUTHENTY CATION: 0151911

DATE: 01-17