Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130002023473)))



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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RECELYED

SECRETARY OF STATE
ALLAHASSEE, FLORIÐA

Foreign Limited Liability Company CCE OWNER GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$125.00

SEP 1 2 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)		COV	ER LETTER		
	tration Section on of Corporations	•			
SUBJECT:	CE Owner GP, LI	c		•	
		Name of Lin	nited Liability Company		
The enclosed ". Existence, and	Application by Por check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorization to Tr enced foreign limited liabilit	ansact Business in Florida," Certificato ry company to transact business in Flori	of ida
Please return al	il correspondence o	concerning this matter to the	following:		
. •	Jiang Lu			·	
		Ni	ime of Person		<u>ာ</u>
	Rinaidi, Finkols	tein and Franklin, LLC			3' } }
		Pi	m/Company	事 壁	01
	591 West Putnar	n Avenue			
		er et in weren in nier	Address		. A
	Greenwich, CT	06830			*******
		City/St	ate and Zip Code	चान क	
		E-mail address: (to be used	for future annual report not	ification)	
For further info	rmation concerning	g this matter, please call:			
Jiang	Lu		203 · 422-77	71	
	Namo o	of Person Area	Code & Daytime Telephon	o Number	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assec, FL 32314	Divisio Registra Clifton 2661 Es	T ADDRESS: n of Corporations ation Section Building cocutive Center Circle ssee, FL 32301		
Enclosed is a	check for the fe 5.00 Filing Fee	ollowing amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSING. 1. CCB Owner GP, LLC			
(Name of Foreign Limited Liability Company	y; must include	"Limited Liability Company,"	L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for consent of the managers or managing members adopted company," "L.L.C," "LLC")	or the purpose ting the alterna	of transacting business in Florid te name. The alternate name mu	a and attach a copy of the written st include "Limited Liability
2. Delaware	3.	90-1015036	
(Jurisdiction under the law of which foreign limite company is organized)	ed liability	(FEI number, if a	pplicable)
4. 09/04/13	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liabili exist or "perpetual")	
6. Upon registration			2813
(Date first transacted by (See sections 608,501 &	usineus in Flori 608.502 F.S. to	da, if prior to registration.) determine penalty liability)	
7. 591 West Putnam Avenue, Greanwich, CT 0683		•	200
			₹
(Str	eet Address of	Principal Office)	97
8. If limited liability company is a manager	-managed co	ompany, check here	The second
9. The name and usual business addresses of	of the manag	ing members or managers	are as follows:
591 West Putnam Avenue, Greenwich, CT 068	30		•
		•	
10. Attached is an original certificate of existence, no notine jurisdiction under the law of which it is organized, translation of the certificate under onth of the translator it. Nature of business or purposes to be con	(A. photocopy must be submi	is not acceptable. If the certificate (ited.)	
/s/ Jerome C. Silve	ву		
Signature of a member	er or an auth	orlzed representative of a n	nember.
(In accordance with section 608.408(3), penalties of perjury that the facts stated document to the Department of State Jacome C. Silvey	herein ara true.	I am aware that any false inform	ation submitted in a

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.

e Florida street addre	ess of the registered agent and office are:	> C > C > B
	C T Corporation System	P
	(Name)	
17	200 South Pine Island Road	OF SA
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	ONIE
tation	RI 33324	t>*
	City/State/Zip	
	: Florida Street itstian	(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Itation FL 33324

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "CCE OWNER GP, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2013.

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

5393329 8300

131076177

You may vorify this certificate onling at corb. delaware. Gov/suthyps. shtml

A FIGURE TANGE AND A TONE - 0.727008

DATE: 09-11-13