# M14000005898

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DEPARTMENT OF STAT

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N. Gumgan AUG 1 9 2014



ACCOUNT NO. : I2000000195

REFERENCE : 253584 4320723

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 12, 2014

ORDER TIME : 3:19 PM

ORDER NO. : 253584-010

CUSTOMER NO: 4320723

#### FOREIGN FILINGS

NAME: CGI 55MM, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2014

CSC COURTNEY WILLIAMS TALLAHASSEE, FL

SUBJECT: CGI 55MM, LLC Ref. Number: W14000049474 RESUBMIT
Please give original
submission date as file date.

We have received your document for CGI 55MM, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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.

Teresa Brown Regulatory Specialist II

Letter Number: 214A00017355

DEPARTMENT OF STATE

### **COVER LETTER**

BJECT: CGI 55MM, LLC				
	Name of Lin	nited Liability Compan	y	
			n to Transact Business in Florida liability company to transact bus	
ase return all correspondence	concerning this matter to th	e following:		
	N	ame of Person		
	F	irm/Company		
<del></del>	·	Address		
	Civile			
	Cny/S	tate and Zip Code		
	E-mail address: (to be used	for future annual repo	rt notification)	-
further information concerning	ng this matter, please call:	at () Area Code	Daytime Telephone Number	-
MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	s Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circle		
1 41141143300, 1 2 3 2 3 1 1	Tallaha	ssee, FL 32301		

# 2014 AUG 12 AM 9:58

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CGI 55MM, 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 In process (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 801 Brickell Avenue, Sulte700 Miami, Florida 33131 (Street Address of Principal Office) 801 Brickell Avenue, Suite 700 Miami, Florida 33131 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: CGI MEZZ 55MM, LLC Authorized Representative 801 Brickell Avenue, Suite 700 Miami, Florida 33131 8. 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 eath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, 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.S.) Jeffrey M. Negron Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	of the Limited Liability Company is:		
CGI 55MM, LLC	.c	<del></del>	
If unavailable,	, the alternate to be used in the state of Florida is:		
2. The name a	and the Florida street address of the registered agent and office are:		
	Corporation Service Company	TA NO	
	(Name)	大震った	
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee 32301	28 28	
	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 605, Florida Statutes.

Corporation Service Company

Troy Tode
as its ager

(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CGI 55MM, 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 TWELFTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGI 55MM, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2014.

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

5579606 8300

141061544

AUTHENTY CATION: 1613471

DATE: 08-12-14

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