

M1500000304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

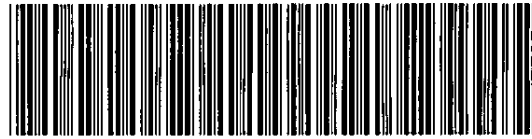
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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04/21/15--01008--020 \*\*180.00

FILED  
15 MAR 21 PM 1: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
15 APR 21 PM 1: 50  
CLERK OF SUPERIOR COURT

APR 22 2015

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**CGI 1100 BISCAYNE MANAGEMENT HOLDCO, LLC**

**L13000099723**

**Thank you!**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Profit                           | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit                        |   |  |
| <input type="checkbox"/> Foreign                          | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|   | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership              | <input type="checkbox"/> Annual Report          | <input checked="" type="checkbox"/> <b>Other</b> |
| <input checked="" type="checkbox"/> <b>LLC</b>            | <input type="checkbox"/> Name Registration      | <b>Conversion</b>                                |
| <b>Registration</b>                                       | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input checked="" type="checkbox"/> <b>Certified Copy</b> | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <b>Conversion/Registration</b>                            |   |  |
| <input type="checkbox"/> Call When Ready                  | <input type="checkbox"/> Call If Problem        |  |
| <input checked="" type="checkbox"/> Walk In               | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out                         |   |  |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

4/21/2015

**ST**

Order#:  
**9522221**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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:

1. CGI 1100 Biscayne Management Holdco, 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
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o CGI Merchant Group LLC, 801 Brickell Avenue, Suite 700
Miami, FL 33131
(Street Address of Principal Office)

6. c/o CGI Merchant Group LLC, 801 Brickell Avenue, Suite 700
Miami, FL 33131
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Raoul Thomas, Authorized Person
801 Brickell Avenue, Suite 700, Miami, FL 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 oath of the translator must be submitted.)

Handwritten signature of Jeffrey M. Negron

Signature of an authorized person

(In accordance with section 605.0206, 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

15 MAR 21 PM 4:59
SECTION OF STATE
TALLAHASSEE, FLORIDA
FILED

**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 the Limited Liability Company is:

CGI 1100 Biscayne Management Holdco, LLC

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If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

15 MAR 21 PM 1:59  
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TALLAHASSEE, FLORIDA

*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

By: Michael Cambareri  
(Signature)

**Michael Cambareri**  
**Asst. Vice President**

\$ 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 1100 BISCAYNE MANAGEMENT HOLDCO, 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-FIRST DAY OF APRIL, A.D. 2015.

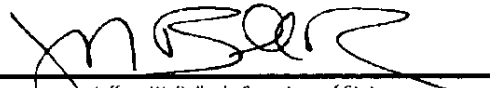
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5732436 8300

150538556

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2307497

DATE: 04-21-15