

*M15000003983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

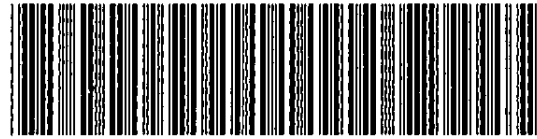
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAY 20 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY 21 2015

Wolters Kluwer

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

CCN RESOURCES, LLC

☐ Nonprofit
☐ Domestic Corporation

☐ Limited Partnership
☒ LLC

Registration

☐ Certified Copy

☒ Walk In
☐ Mail Out

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

☐ Amendment
☐ Dissolution/Withdrawal
☐ Reinstatement
☐ Annual Report

☐ Name Registration
☐ Fictitious Name

☐ Photocopies

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KM

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☐ CUS

☐ After 4:30

☒ Pick Up

Order#
9558245

Ref#:

Amount: \$

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCN RESOURCES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CINDI CREPEA

Name of Person

CCN RESOURCES, LLC

Firm/Company

240 WEST 35TH ST., SUITE 1004

Address

NEW YORK, NY 10001

City/State and Zip Code

ccrepea@haleystuartgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDI CREPEA

Name of Contact Person

201
at (_____) _____
Area Code

307-0100

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CCN RESOURCES, 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. The alternate name must include "Limited
Liability Company," "L.L.C.," or "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. 240 WEST 35TH ST., SUITE 1004

NEW YORK, NY 10001

(Street Address of Principal Office)

6. 240 WEST 35TH ST., SUITE 1004

NEW YORK, NY 10001

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324

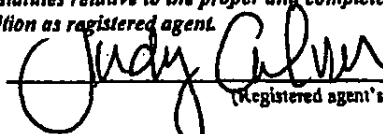
(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

JUDY CULVER, ASST. SECRETARY
OF NRAI SERVICES, INC.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CINDI CREPEA, MANAGER, 85 CHESTNUT RIDGE RD., MONTVALE, NJ 07645

JAMIE SCHWARTZ, MANAGER, 85 CHESTNUT RIDGE RD., MONTVALE, NJ 07645

JEAN WEINER, MANAGER, 85 CHESTNUT RIDGE RD., MONTVALE, NJ 07645

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
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.)

CINDI CREPEA

Typed or printed name of signer

FILED
2015 MAY 20 AM 10:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCN RESOURCES, 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 TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCN RESOURCES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

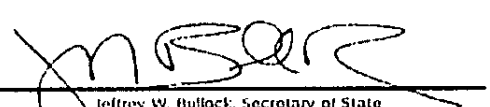
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TALLAHASSEE, FLORIDA

4633558 8300

150720964



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2394390

DATE: 05-20-15