

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Foreign Limited Liability Company CPRT HE Pompano Beach, LLC

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Electronic Filing Menu Corporate Filing Menu

- **4** €

COVER LETTER

. 17

-	strution Section ion of Corporations	
SUBJECT: CPS	CPRT HE Pompano Seach, LLC	
	Name of Limited Liability Company	
The enclosed "Ap Existence, and ch	Application by Foreign Limited Liability Company for Authorization to Transact Bucheck are submitted to register the above referenced foreign limited liability company	usiness in Florida," Certificate of my to transact business in Florida
Please return all c	Il correspondence concerning this matter to the following:	
<u>.</u>	Andrew T. McMains	
	Name of Person	- · · · · · · · · · · · · · · · · · · ·
	Commercial Properties Realty Trust	
-	Firm/Company	<u> </u>
	402 N. 4th Street, 1st Floor	
•	Address	
	Baton Rouge, LA 70802	
-	City/State and Zip Code	
<u> </u>	tmcmains@eprt.com	
	fi-mail address: (to be used for future annual report notification)	
For further inform	ormation concerning this matter, please call:	
Susan M	McCraney 01 (713) 759-0328	
	Name of Contact Person Area Code Daytinu Tel	ephone Number
Division Registrat P.O. Box	LING ADDRESS: stretch of Corporations crotion Section Box 6327 Box	
		0.00 Filing Fee, Certificate 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 RUSINESS IN THE STATE OF FLORIDA.

Louisiann (Unitalicition under the law of which foreign limited liability (PEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty ilability) 402 N. 4th Street Baton Rouge, LA 70802-5506 (Street Address of Principal Office) 402 N. 4th Street Baton Rouge, LA 70802-5506 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: arolyn E. Martin - Manager, 402 N. 4th Street, Baton Rouge, LA 70802-5506 Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translate ust be submitted) Signature of an authorized person Signature of an authorized person accordance with section 905,0201, F.S., the execution of this document constitutes an alfirmation under the generalises of perjury that the facts stability trein are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.137 153.6.783	(Name of Foreign Limited Liability Company: must include "Limited Liability Co	mpany." "L.L.C.," or "Ll.C.")
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official wing custody of records in the jurisdiction under the law of which it is organized. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official wing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable, lifthe certificate is in a foreign language, a translation of the certificate under oath of the translate uses the submitted) Andrew T. McMains Typed or printed name of signee (FEI number, if applicable) (Sea sections 602.099. F.S. to determine penalty labeling) (Sea sections 602.099. F.S. to determine penalty labeling) (Sincet Address) Andrew T. McMains Typed or printed name of signee	Charme unavailable anter alternate name adopted for the aurora of tenerating having in Ele-	The Pharman ages must include all installs
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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	f the Limited Liability	y Company is:
CPRT HE Pompa	no Beach, LLC	
if unavailable,	the alternate to be use	ed in the state of Florida is:
2. The name a	nd the Florida street a	address of the registered agent and office are:
	NRAI Services, Inc.	
		(Name)
	1200 South Pine Island	I Road
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		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.

NRAI Services, Inc.

(Signature)

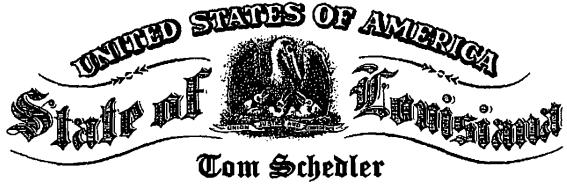
NRAI Services, Inc.

Denise Bell

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

2015 JUL 23 A 10: 05



SECRETARY OF STATE

As Secretary of States of the State of Louisiana I do hereby Cortify that

CPRT HE POMPANO BEACH, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on May 20, 2015,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on.

July 23, 2015

Certificate ID: 10620558#SWM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 41897213K