# M15000006494

| (Re                                   | equestor's Name)   |                 |
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| (***                                  | 4                  |                 |
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| (Ac                                   | ldress)            |                 |
|                                       |                    |                 |
| (Cir                                  | ty/State/Zip/Phone | <del>=</del> #) |
| PICK-UP                               | ☐ WAIT             | MAIL            |
|                                       |                    |                 |
| (Bu                                   | isiness Entity Nan | ne)             |
| · · · · · · · · · · · · · · · · · · · |                    |                 |
| (Do                                   | cument Number)     |                 |
| Certified Copies                      | Certificates       | of Status       |
| '                                     | _                  | <del></del>     |
| Special Instructions to               | Filing Officer:    |                 |
|                                       | _                  |                 |
|                                       |                    |                 |
| 1.                                    |                    |                 |
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Office Use Only



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SECRETARY OF STATE

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#### **COVER LETTER**

| то:                   | Registration<br>Division of C  |                                | S  |                                    |  |   |                                |
|-----------------------|--|--------------------------------|--|------------------------------------|--|---|--------------------------------|
| SUBJE                 |  | nhandle DG,                    | LLC  |                                    |  |   |                                |
|                       |  |                                | Name of L  | imited Liability (                 | Company  |   |                                |
| The encl<br>Existence | losed "Applica<br>ce, and check a  | ation by Fore<br>are submitted | eign Limited Liability Comp<br>to register the above refere    | any for Authoriza                  | tion to Tra<br>ted liability                       | insact Business in Florida," company to transact busin                          | Certificate of less in Florida |
| Please re             | eturn all corres   | spondence co                   | oncerning this matter to the                                   | following:                         |  |   |                                |
|                       | Stac   | cey Shirley                    |  |                                    |  |   |                                |
|                       |  |                                | Na   | me of Person                       |  |   |                                |
|                       | Baker, Donelson, Bearman, Caldwell, & Berkowitz, PC                            |                                |  |                                    |  |   |                                |
| Firm/Company          |  |                                |  |                                    |  |   |                                |
|                       | 420 20th St. N., Ste 1400  |                                |  |                                    |  |   |                                |
| Address               |  |                                |  |                                    |  |   |                                |
|                       | Birr   | ningham, Al                    | _ 35203  |                                    |  |   |                                |
|                       |  |                                | City/St  | ate and Zip Code                   |  |   |                                |
|                       | sshirl   | ey@bakerdo                     |  |                                    |  |   |                                |
|                       |  |                                | E-mail address: (to be used                                    | for future annual                  | report not   | ification)  |                                |
| For furth             | her information  | n concerning                   | this matter, please call:                                      |                                    |  |   |                                |
|                       | Stacey Shirle  | y                              |  | 205<br>at (                        | 250837   | ı   |                                |
|                       |  | Name of                        | Contact Person   | Area Code                          | Day  | time Telephone Number   |                                |
|                       | MAILING A<br>Division of C<br>Registration S<br>P.O. Box 632<br>Tallahassee, F | Corporations<br>Section<br>27  |  |                                    | Division of<br>Registrati<br>Clifton B<br>2661 Exe | CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301 |                                |
| Enclosed              | d is a check for □ \$125.00 Fi   |                                | ng amount:<br>■ \$130.00 Filing Fee &<br>Certificate of Status | ☐ \$155.00 Filin<br>Certified Copy | ig Fee &   | ☐ \$160.00 Filing Fee, Co<br>of Status & Certified Cop                          |                                |

### 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:

| • • • •   | LC<br>eign Limited Liability Company; must include "Li  | mited Liability Company," "L.L.C.," or "LL   | C.")                 |
|---|---|--|----------------------|
| (If name unavailable, enter a Liability Company," "L.L.C,   | Iternate name adopted for the purpose of transacting  | ng business in Florida. The alternate name m | ust include "Limited |
| 2. Delaware   |   |  |                      |
| (Jurisdiction under the law company is organized)   | of which foreign limited liability  | (l'El number, if applicable)                 |                      |
| 4.  |   |  |                      |
| T   | (Date first transacted business in Florida, (Sec sections 605.0904 & 605.0905, F.S. to  | if prior to registration.)                   |                      |
| 5. 361 Summit Blvd, Ste   |   |  | - 10 Z               |
| Birmingham, AL 3524   |   |  |                      |
|   | (Street Address of Principal Office   | ce)  | E 5                  |
| 6. same as above  | ·   |  | 製造コ                  |
| ·   |   |  | 19 <b>2</b>          |
|   | (Mailing Address)   |  |                      |
| 7 Name and street address   | ss of Florida registered agent: (P.O. Box NO  | (T accentable)                               | 18日 1                |
|   | NRAI Services, Inc.   | 1 acceptable)                                | 7.7                  |
| Name:   | - · · · · · · · · · · · · · · · · · · ·   | <del></del>                                  |                      |
| Office Address:   | 1200 South Pine Island Road   | <del></del>                                  |                      |
|   | Plantation  | , Florida 33324 (Zip code)                   |                      |
| Registered agent's accep  | (City)  | (Zip code)                                   |                      |
| Having been named as re<br>this application, I hereby   | gistered agent and to accept service of proce<br>accept the appointment as registered agent o<br>statutes relative to the proper and complete p | and agree to act in this capacity. I furt    | her agree to comply  |
|   | (Registered agent's s   | ignature)                                    |                      |
| 9 The name title or can   | acity and address of the person(s) who has/hav  | ve authority to manage is/are:               |                      |
| Steven E. Camp, manager   |   |  |                      |
|   |   |  | <del></del>          |
| Steven E. Camp, manager   |   |  |                      |
| Steven E. Camp, manager<br>361 Summit Blvd, Ste. 11<br>Birmingham, AL 35243<br>9. Attached is a certificate<br>jurisdiction under the law | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is i   |  |                      |
| Steven E. Camp, manager<br>361 Summit Blvd, Ste. 11<br>Birmingham, AL 35243<br>9. Attached is a certificate<br>jurisdiction under the law | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is i abmitted)                                       | n a foreign language, a translation of the   |                      |
| Steven E. Camp, manager<br>361 Summit Blvd, Ste. 11<br>Birmingham, AL 35243<br>9. Attached is a certificate                               | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is i   | n a foreign language, a translation of the   |                      |

Typed or printed name of signee

Steven E. Camp, manager

### 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 SEATE OF FLORIDA:

| CGP Panhandle DG, L   | I.C.   |  |   |
|---|--|--|---|
|   |  | Limited Liability Company," "L.L.C.," or "LUC  |   |
| (isame or role  | ingli infinited that my company, must include  | anned Habitty Company, Calact, or Elec   | • 1   |
| Liability Company," "L.L.C."                                | ternate name adopted for the purpose of transac<br>"or "LLC.")                           | ting business in Florida. The alternate name mus   | st include "Limited                         |
| Delaware  | 3.   |  |   |
| (Jurisdiction under the law company is organized)           | of which foreign limited liability   | (FEI number, if applicable)  |   |
| ·   | (Date first transacted business in Florid  | n. if prior to registration.)  |   |
|   | (Date first transacted business in Florid<br>(See sections 605.0904 & 605.0905, F.S.     | to determine penalty liability)  |   |
| . 361 Summit Blvd, Ste.                                     | 110  |  |   |
| Birmingham, Al. 3524.                                       | 3  |  |   |
|   | (Street Address of Principal Of  | lice)  |   |
| same as above   |  |  | 217.7                                       |
|   |  |  | 三 连   |
|   | (Mailing Address)  |  |   |
| 7. Name and street addres                                   | s of Florida registered agent: (P.O. Box N   | OT accentable)   |   |
| Name:   | NRAI Services, Inc.  | <u>or</u> accepanoie,  | 語る  |
| Office Address:   | 1200 South Pine Island Road  | · ·  | 71.4  |
|   | Plantation   | , Florida 33324  |   |
|   | (City)   | (Zip code)   | 4.4   |
| Registered agent's accept<br>Laving been named as rep       | gistered agent and to accept service of pro  | cess for the above stated corporation at the   | e place designated in                       |
| nis application, 1 nereny t<br>with the provisions of all s | iccept the appointment as registered agen<br>tatutes relative to the proper and complete | t and agree to act in this capacity. I furthe<br>e performance of my duties, and I am fam  | er agree to comply<br>lliar with and accept |
| he obligations of my post                                   | tion as registered agent.  | 1  |   |
|   | Envendolen a   | ndreus   |   |
|   | Gwendolyn Andrews Chec   | signature)<br>ial Assistant Secretary  | •   |
|   | city and address of the person(s) who has/h  |  |   |
| Steven E. Camp, manager                                     | •  | tive dathorty to manage 15 are.  |   |
| 361 Summit Blvd, Ste. 110                                   |  | <del></del>  | <del></del>                                 |
| 3irmingham, AL 35243  |  |  | <del></del>                                 |
| . Attached is a certificate                                 | of which it is organized. (If the certificate is   | y authenticated by the official having custos in a foreign language, a translation of the c  | dy of records in the certificate under oath |
|   | 17212  |  |   |
|   | Signature of an autho  | rized person   |   |
| his document is executed ubmitted in a document to          | in accordance with section 605.0203 (1) (b   | ), Florida Statutes. I am aware that any false<br>degree felony as provided for in s.817.155,  | information                                 |
|   | Steven E. Camp, manager  | and the second and business and the second s |   |

Typed or printed name of signee

## Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "CGP PANHANDLE DG, 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. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGP PANHANDLE DG, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2015.

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

5800571 8300

*151163637* 

jeffrey W. Bullock, Secretary of S

AUTHENTY CATION: 2638376

DATE: 08-12-15

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