P.001 Page 1 of I

#### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000207457 3)))



H150002074573ABC+

Note: DO NOT hit the REPRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company CPBP OWNER, LLC

Certificate of Status	1
Certified Copy	i
Page Count	03
Estimated Charge	\$160.00

47222

RECEIVED SAUG 27 PM 4: 00

Electronic Filing Menu

Corporate Filing Menu

Help

NI6-28-20160 AUG-28-20160

8/27/2015

H15000207457 3

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

GN :

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ID TO REGIS	ER A	FOREK
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I	C.," or "LLC	.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida at consent of the managers or managing members adopting the alternate name. The alternate name must be Company," "L.L.C," "LLC.")			
2. Delaware 3			
(Jurisdiction under the law of which foreign limited liability (FEI number, if appl company is organized)	icable)		
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 IP Capital Partners, LLC, 225 NE Mizner Blvd., Suite 400	>· G		
Boca Raton, Florida 33432	5 (11) 7 (7) 96 71	Ο. Α	_
(Street Address of Principal Office)	16.7	ALCS	<b>-</b> ::
6, c/o IP Capital Partners, LLC, 225 NE Mizner Blvd., Suite 400		27	n error ne same ji
Boca Raton, Florida 33432	T G	- I	
(Mailing Address)	· · · · · · · · · · · · · · · · · · ·		
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/	are?	
BV/IPCP CPBP Venture, LLC, Member	39		
c/o IP Capital Partners, LLC, 225 NE Mizner Bívd., Suite 400		<del> </del>	_
Boca Raton, Florida 33432			_
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officin the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under eath of the translator must be submitted.)			
//s// Josh Procacci	<u> </u>		
Signature of an authorized person			
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirm penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for	on submitted i		
Josh Procacci			
Typed or printed name of signee			

H15000207457 3

## 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 CPBP OWN	of the Limited Liability Co FR LLC	mpany is:			
If unavailable, the alternate to be used in the state of Florida is:					
2. The name a	and the Florida street addre	ess of the registered agent and office are:	. ,		
	Josh Procacci		<b>3 3</b>		
		(Name)	AIG		
		s, LLC, 225 NE Mizner Blvd., Suite 400			
•	Florida Street	Address (P.O. Box NOT ACCEPTABLE)			
	Boca Raton	<sub>FL</sub> 33432	7:2 S15 L08		
		City/State/Zip			
liability compa registered agei statutes relatin	ny at the place designated at and agree to act in this c g to the proper and comple	nd to accept service of process for the above in this certificate, I hereby accept the appoin apacity. I further agree to comply with the p ate performance of my duties, and I am famili egistered agent as provided for in Chapter 60	tment as rovisions of a lar with and		
	//e// Tack Dynamai	·	• *		
	//s// Josh Procacci (\$	ignature)			
	\$ 100.	00 Filing Fee for Application			

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

H15000207457 3

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPBP OWNER, 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-SEVENTH DAY OF AUGUST, A.D. 2015.

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

5809454 8300

151225006

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

Jeffrey W. Bullock Secretary of State
AUTHENTICATION: 2682361

DATE: 08-27-15