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Foreign Limited Liability Company CDF JOINT VENTURES, LLC

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9/14/2015

COVER LETTER

TO:	Registration Section Division of Corporation	15			
SUBJI	ECT: CDF JOINT VENT	URBS, LLC			
			of Limit	ed Lisbility Company	
The en Existes	closed "Application by For nce, and check are submitte	eign Limited Liabi d to register the ab	lity Con ove refe	spany for Authorization to renced foreign limited lia	o Transact Business in Florida," Certificate bility company to transact business in Florid
Please	return all correspondence (concerning this mat	tter to the	e following:	
		· · ·	<u> </u>	lame of Person	
			F	inn/Company	
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	Kenny.Peng@ge	.com			
		E-mail address:	to pe mae	d for future annual report no	paification)
For fur	ther information concernin	g this matter, pleas	e call:		
		f Contact Person	<u>_</u>	_a()	
	Name o	Contact Person		Area Code	Daytime Telephone Number
	MAILING ADDRESS:			<u>ET ADDRESS:</u>	
Division of Corporations Registration Section P.O. Box 6327				n of Corporations	
			ation Section		
	Tallahassee, FL 32314		2661 B	Building Executive Center Circle 18800, PL 32301	
Enclos	sed is a check for the f	hilowing amou	. †•		
	☐ \$125.00 Filing Fee	S130.00 Piling Certificate of S	Fee &	☐ \$155.00 Filing Fee Cartified Copy	& \$\infty\$\$ \$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. CDF JOINT VENTUR	es, llc		
(Name of Fore	gn Limited Liability Company; must include "Lim	nited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting of "LLC.")	g business in Florids. The alternate	nume must include "Limited
2. Dolawaro		4013922	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appl	icable)
4. Upon Qualification			
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S. to	if prior to registration.) determine penalty liability)	12
5. 5595 Trillium Blvd.,	Hoffman Estates, IL 60192		PSE ST
•			碧 二
	(Street Address of Print	cipal Office)	10 to
6. Same			ERO P
			FL.ST
	(Mailing Addr	E33)	<u> </u>
7. The name title or	capacity and address of the person(s)	who has/have authority to	manage is/are:
•		•	
Digne Cooper, 300 E. 101	n Carpenter Freeway, Irving, TX 75062 ('N	renager)	
			
8. Attached is an original	nal certificate of existence, no more the	han 90 days old, duly autho	nticated by the official
	ords in the jurisdiction under the law officate is in a foreign language, a transi		
must be submitted)			
	Melicy Rela		
On accompany with accion 505	Signature of an auth		am that the first stated have a see true I
	0203, F.S., the execution of this document constitutes on ion submitted in a document to the Department of State		
	Melissa Nolan		
	Typed or printed name	ofciones	

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.

/10D11 41 11.	DUTATE OF TROOREM.	
1. The name of CDF JOINT VEN	f the Limited Liability Company is:	TILS SE
If unavailable,	the alternate to be used in the state of Florida is:	TO TO
2. The name a	nd the Florida street address of the registered agent and office are:	RATE OF
	C T Corporation System (Name)	-
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
	Plantation FL 33324 City/State/Zip	-
liability compa registered ager statutes relatin	amed as registered agent and to accept service of process for the above . my at the place designated in this certificate, I hereby accept the appoint nt and agree to act in this capacity. I further agree to comply with the pi g to the proper and complete performance of my duties, and I am familia gations of my position as registered agent as provided for in Chapter 60	tment as rovisions of all ar with and
	By: Alfred Your Assistant Sec	
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CDF JOINT VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, R.D. 2015.

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



2495976 8300
SR# 20150105623
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AND SECTION OF THE PROPERTY OF

Authentication: 10053902

Date: 09-14-15