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☐ PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	)
Certified Copies	Certificate	s of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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December 7, 2015

MARK CHMIELARSKI 201 E PINE ST SUITE 500 ORLANDO, FL 32801

SUBJECT: CC SANDS, LLC Ref. Number: W15000078658

We have received your document for CC SANDS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 315A00025507

#### **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	CC Sands, LLC	
,		Limited Liability Company
		any for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please re	eturn all correspondence concerning this matter to the	following:
	Mark J. Chmielarski	
	Na	ame of Person
•	Greenspoon Marder, P.A.	
	Fi	rm/Company
•	201 E. Pine Street, Suite 500	
		Address
	Orlando, FL 32801	
	City/St	ate and Zip Code
	mark.chmielarski@gmlaw.com	
	E-mail address: (to be used	for future annual report notification)
For furth	ner information concerning this matter, please call:	
	Mark J. Chmielarski, Esq.	407 425-6559
•	Name of Contact Person	Area Code 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
	d is a check for the following amount:  ☐ \$125.00 Filing Fee  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filing Fee & □ \$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:

(If name unavailable, enter Liability Company," "L.L.	alternate name adopted	for the purpose of tran	sacting business in Flor	ida. The alternate name	must include "Li	mited
2. Utah	o, or LLC. /		47-5280030			
(Jurisdiction under the law company is organized)	w of which foreign limit	ed liability	(FEI	number, if applicable)		
4	(Date first tran (See sections 60	nsacted business in Flo 5.0904 & 605.0905, F.	rida, if prior to registra S. to determine penalty	tion.) liability)		
5. 131 Soundview Lane						
New Canaan, CT 068						
Same as above	(Stree	t Address of Principal	Offi∝)			
D				······································		
		(Mailing Address)				
. Name and street addre	ss of Florida registere	d agent: (P.O. Box	NOT acceptable)			
Name:	Mark J. Chmielars	ki, Bsq.				
Office Address:	201 E. Pine Street,	Suite 500	Planter and the second			
	Orlando		, Florid	da 32801 (Zíp code)		
legistered agent's accep	tance:	(City)		(Zip code)		
laving been named as re esignated in this applica	gistered agent and to don, I hereby accept	accept service of pi the appointment as	ocess for the above . registered agent and	stated limited liability I agree to act in this i	y company at the capacity. Î fûn	ie place her agree
complywith the provisi	ons of all statutes reli	ative to the proper a	nd complete perforn	nance of my duties, a	nd I om famili	ar with ar
ecept the obligations of i	ny position as registe M. 1	reg agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DEC
	- Thomas	(Registered agent	l's signature)	<del>"</del>	SS: SS:	10
	V		have authority to ma	nage is/are:		PH
The name, title or capa	city and address of th	e person(s) who has				
			T 06840, as Manage	er		မှ
. The name, title or capa ode Capital Partners, LL			T 06840 , as Manago	er	GINBT	

Typed or printed name of signee



#### **Utah Department of Commerce**

#### Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

11/25/2015 9561580-016011252015-2145227

### CERTIFICATE OF EXISTENCE

Registration Number:

Business Name:

Registered Date: Entity Type:

Current Status:

9561580-0160

CC SANDS, LLC

October 12, 2015

LLC - Domestic

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and,

Hathy Berg

that Articles of Dissolution have not been filed.



Kathy Berg

Director
Division of Corporations and Commercial Code