# PEPP000021P

(Re	equestor's Name)	<del>-</del>			
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(Ac	ldress)				
(Cil	ty/State/Zip/Phon	e #)			
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(Business Entity Name)					
(Document Number)					
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RECEIVED DEPARTMENT OF STATE

DEC 1 4 2015 Y SULKER

SHE-348

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230: Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 900984 4303929

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: December 7, 2015

ORDER TIME : 3:45 PM

ORDER NO. : 900984-005

CUSTOMER NO: 4303929

#### FOREIGN FILINGS

NAME: CCCC MIAMI BEACH LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_



December 9, 2015

CSC COURTNEY WILLIAMS

SUBJECT: CCCC MIAMI BEACH LLC

Ref. Number: W15000079242



We have received your document for CCCC MIAMI BEACH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00025736

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#### **COVER LETTER**

TO:		ration Section on of Corporation	ns					
SUBJE		ССС МІАМІ ВЕЛ	ACH LLC					
	_		Name of l	Limited Liability	Company			
The encl Existence	losed "A e, and o	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Florida," Co y company to transact busines:	ertificate of s in Florida	
Please re	eturn al	l correspondence o	concerning this matter to the	following:				
		Gavin M. Loug	hlin, Esq.					
			N	ame of Person				
		Greenberg Tran	orig, P.A.					
			Fi	rm/Company				
		333 S.E. 2nd Avenue, Suite 4400						
				Address				
		Miami, Florida	33131					
			City/St	tate and Zip Code				
		loughling@gtlaw	r.com	•				
			E-mail address: (to be used	for future annual	report not	ification)		
For furth	er info	rmation concernin	g this matter, please call:					
	Wilma	J. Whitted		305 at (	789-548	89		
		Name o	f Contact Person	Area Code	Day	time Telephone Number		
	Division Registra P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division e Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	図 \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

### 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. CCCC MIAMI BEACI				
(Name of For	rign Limited Liability Company; must inclu-	de "Limited Liability	Company," "L.L.C.," or "L	LC:')
Liability Company," "L.L.C,"	ternate name adopted for the purpose of train "or "LLC.")	nsacting business in F	lorida. The alternate name r	nust include "Limited
2. Delaware	3.	N/A		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FI	I number, if applicable)	
4. N/A				
	(Date first transacted business in F (See sections 605.0904 & 605.0905, I	orida, if prior to regis F.S. to determine pena	tration.) Ity liability)	
5. <u>c/o Haibo Pan, 1221 B</u>	rickell Avenue, Suite 900, Miami, Flori	da 33131		
,	(Street Address of Principa	al Office)		
c/o Haibo Pan, 1221 Bi	rickell Avenue, Suite 900, Miami, Florid			
V	•			
	(Mailing Address	)		
7 Name and street address	s of Florida registered agent: (P.O. Bo	· v. NOT accentable)		
7. Hante and spect address	Corporation Service Company	x NOT acceptable)		Ming s
Name:				<b>5</b>
Office Address:	1201 Hays Street			
	Tallahassee	, Fi	orida 32301 (Zip code)	
D1-44	(City)		(Zip code)	3388 - <b>8</b>
Registered agent's accept Having been named as re	cance: gistered agent and to accept service of	process for the abo	ve stated limited liability	company at the place
designated in this applica	tion, I hereby accept the appointment	is registered agent	and agree to act in this o	apacity. I further expec
	ons of all statutes relative to the proper my position as registered agent. Corporation Service Company	ana complete perj	ormance of my auties, a	na 1 am jamusar wan ana Se se oo
,	Corporation Service Company  By:	11.	Meli	issa Zender
	(Registered ag	ent's signature)	Acet V	ice President
9 The same side or one	acity and address of the person(s) who h	actions and action to		ice President
	CCC Miami Beach, LLC	asnave audiomy to	manage is are.	
		<u> </u>		
c/o Haibo Pan, 1221 Bric	kell Avenue, Suite 900, Miami, Florida	33131		
0				
	of existence, no more than 90 days old, of which it is organized. (If the certification)			
of the translator must be s		3		
	Signature of an	Dem		
	Signature of an	uthorized person		
	i i in accordance with section 605.0203 (1 o the Department of State constitutes a ti			
	Haibo Pan	•	•	
	Typed or printed i	name of signec		

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CCCC MIAMI BEACH 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 SEVENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCCC MIAMI BEACH LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2015.

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

Authentication: 10562787

Date: 12-07-15

5815358 8300 SR# 20151232340

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