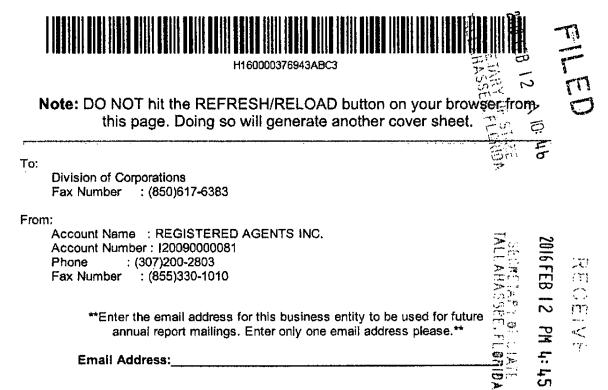
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## Foreign Limited Liability Company CRG Orlando, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

168 12 2016

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CDC ODI ANDO LLO	WES EVITE STATE OF TECHNIA	•		
1. CRG ORLANDO, LLC	- 11 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1		17. A 11. 11. 11. 1	
(Name of Foreig	gn Limited Liability Company; mus	st include "Limited Liai	ontity Company," "L.L.C	U.," or "LLC."}
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC.")	c of transacting busines	s in Florida. The alterna	ate name must include "Limited
2. DELAWARE		3. N/A		
	f which foreign limited liability	J	(FEI number, if appl	icable)
4. <u>N/A</u>				
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to 0905. F.S. to determine	registration.) penalty liability)	
5. 150 2ND AVENUE NO	ORTH, SUITE 450, SAINT PET		-	many graphics on magnetic
	(Street Address of F	Principal Office)		
6. 150 2ND AVENUE NO	RTH, SUITE 450, SAINT PETI	ERSBURG, FL 3370	) i	<b>E</b> 99 <b>E</b>
		·		<u> </u>
	(Mailing A	Address)		\$ 5 m
7. Name and street address	of Florida registered agent: (P.	O. Box NOT accept	able)	
Name:	NORTHWEST REGISTE	ERED AGENT LLC	• <u>•</u>	THE POPULATION OF
Office Address:	3030 N. Rocky Point D	Prive, STE 150A	<b>~</b>	D. U.S.
	TAMPA		. Florida 33607	15 JO
	(City)		(Zip co	de)
Registered agent's accepta	ance: istered agent and to accept serv	ion of warness for th	a ahous stated sorma	ection at the place decimated is
this application, I hereby a	istered agent and to accept serv ccept the appointment as regist atutes relative to the proper an	ered agent and agre	e to act in this capaci	ity. I further agree to comply
the obligations of my positi				
	10-E-			
-	(Registe	ered agent's signature)		<del></del>
8 The name title or canac	eity and address of the person(s)	who has/have author	ity to manage is/are:	
CR Manager, LLC, MANA	• • •	who hashare tathor	ny to manago isiaro.	
			· <del></del>	
150 2ND AVENUE NORT	TH, SUITE 450, SAINT PETER	SBURG, FL 33701		······································
	of existence, no more than 90 da f which it is organized. (If the co- britted)		gn language, a transla	
•	Signature	of an authorized person	1	
submitted in a document to t	in accordance with section 605.0 the Department of State constitu TOM GLOVER			
-	Typed or p	rinted name of signee		<del></del>

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CRG ORLANDO, 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 FIFTEENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRG ORLANDO, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015.

₹,

Authentication: 201681037

Date: 01-15-16

5887171 8300 SR# 20160242837

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