Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Fax Number : (850)617-6383

date of submission 4/7_

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)205-8842 Phone Fax Number

: (850)878-5368

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 **CFG1 Smails LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
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APR 1 4 2016

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Electronic Filing Menu

Corporate Filing Menu

4/13/2016 9:13:26 AM From: To: 8506176383(2/6)

Metayer, Kenny

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COVER LETTER

	egistration Section vision of Corporations				
SUBJECTS	CFGI Smails LLC				
		Name of Lim	ited Liability Company		
The enclose Existence, a	ed "Application by Foreind check are submitted	gn Limited Liability Co to register the above rel	mpany for Authorizati erenced foreign limite	on to Trar d liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please retur	n all correspondence co	ncerning this matter to t	he following:		
	CFGI Smails LLC	- c/o Credit Legal Gre	ир		
			Name of Person		
	Fortress Investme	nt Group			
			Flrm/Company		
	1345 Avenue of th	ne Americas, 46th Floor	,		•
			Address		
	New York, NY 10	105		•	
		City	State and Zip Code		
	Group_Credit_Para	ilegals@fortress.com			•
		E-mail address. (to be u	sed for future annual repo	ort notificat	tion)
For further i	nformation concerning t	his matter, please call:			
Cre	edit Legal Group		at (²¹²)	798-6100	0
	Name of C	Contnut Person	Aren Code	Dayı	ime Telephone Number
Div Rog P.O	ALING ADDRESS: vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314	Divis Regis Clifto 2661	RET ADDRESS: on of Corporations tration Section in Building Executive Center Circ massee, FL 32301	ie	
	s a check for the fol \$125.00 Filing Fee C	lowing amount: I \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		☐ \$160.00 Filing Fee, Cartificate 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. CFGI Smails LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Compa	ny," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Liubility Company," "L.L.C," or "LLC.")	The alternate name must include "	Limited
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability (FEI n company is organized)	umber, if applicable)	.
4 Upon registration		
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lial	a) offity)	
5. 1345 Avenue of the Americas, 46th Floor, New York, NY 10105		
(Street Address of Principal Office)		
Same as above		
0,	,	
(Mailing Address)		is
7. The name, title or capacity and address of the person(s) who has/have au Marc K. Furstein - Chief Operating Officer	thority to manage is/are:	ाउँ ।
And the state of t		
1345 Avenue of the Americas, 46th Floor, New York, NY 10105	् ए	· .
	+ 2	
8. Attached is an original certificate of existence, no more than 90 days old, having custody of records in the jurisdiction under the law of which it is organized person acceptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is submitted) Signature of an authorized person in accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the period was a property of the period o	anized. (A photocopy is not ficate under eath of the tra	ol anslator
Marc K. Furstein - Chief Operating Officer		
Typed or printed name of signee		

1. The name of the Limited Liability Company is:

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.

If unavailal	ole, the alternate to b	be used in the state of Florida is:	
2. The nam	ne and the Florida st	reet address of the registered agent and office are:	
	C T Corporation	·	
		(Name)	
	1200 South Pine	Island Road	
	Flo	orida Street Address (P.O. Box NOT ACCEPTABLE)	- -
	Plantation	F1, 33324	•
	- 	City/State/Zip	
			<u>.</u>
liahility com registered a statutes rela	ipany at the place de gent and agree to ac ting to the proper ar	ed agent and to accept service of process for the above esignated in this certificate, I hereby accept the appoi to in this capacity. I further agree to comply with the and complete performance of my duties, and I am fami wition as registered agent as provided for in Chapter C	ntment as provisions of al liar with and
liability com registered a statutes rela accept the o	ipany at the place de gent and agree to ac ting to the proper ar	esignated in this certificate, I hereby accept the appoint in this capacity. I further agree to comply with the part of complete performance of my duties, and I am familiation as registered agent as provided for in Chapter Company.	ntment as provisions of al liar with and



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CFGI SMAILS 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 SIXTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202106671

Date: 04-06-16