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(Address)

(City/State/Zip/Phone #)

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S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCAB Management LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michelle Lewis
Name of Person

CCAB Management LLC
Firm/Company

3176 Abbot Rd., Ste. 300 W
Address

Orchard Park, NY 14127
City/State and Zip Code

mlewis@ccabmed.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Janet Lopez at (888) 315-0805
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

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$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. CCAB Management LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2445554

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3176 Abbot Rd., Ste. 300 W

Orchard Park, NY 14127

(Street Address of Principal Office)

6. Same as above

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

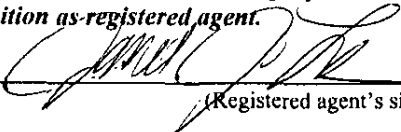
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michelle Lewis, Member

3176 Abbot Rd., Ste. 300 W, Orchard Park, NY 14127

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person



This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michelle Lewis

Typed or printed name of signee

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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State of New York
Department of State } ss:

I hereby certify, that CCAB MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/03/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 01st day of June two
thousand and sixteen.*

Anthony Giardina

Executive Deputy Secretary of State

ORION STATE LICENSING, INC.

June 6, 2016

VIA FIRST CLASS USPS DELIVERY

Attn: Corporations Division, Registration Section
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

Re: **CCAB MANAGEMENT LLC**
Application by Foreign LLC for Authorization to Transact Business

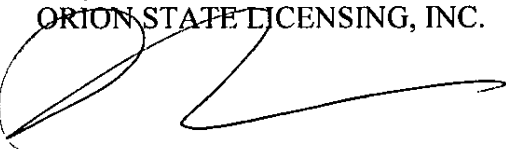
Dear Sir or Madam:

Please find enclosed the following items on behalf of the above-referenced entity:

1. Company check #3424 made payable to: Florida Dept. of State in the amount of \$125.00
2. Application by Foreign LLC for Authorization to Transact Business
3. Home state Certificate of Good Standing dated within 90 days

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this filing, please do not hesitate to contact me at (888) 315-0805 or by email at janet@orionlicensing.com.

Very truly yours,
ORION STATE LICENSING, INC.


Janet J. Lopez
CEO

Enclosure
JJL:cp06062016

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