

M16000010359

(Requestor's Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

D. SCOTT
DEC 28 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2016

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: CGCM EMPLOYEE SHARE PROGRAM LLC
Ref. Number: W16000085822

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TALLAHASSEE, FLORIDA

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00027371

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Date: 12/27/2016

Account #: I20000000088

Name: Marisa Kugelman

Reference #: A280085

ENTITY NAME: CGCM EMPLOYEE SHARE PROGRAM LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: certified copy upon filing

**Please retain
original file
date **

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TALLAHASSEE, FLORIDA

Authorized Amount: \$155.00 (paid 12/27/2016)

Signature: *M Kugelman*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CGCM Employee Share Program 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:

Audra Boyd

Name of Person

CG Capital Markets, LLC

Firm/Company

327 Plaza Real Suite 225

Address

Boca Raton FL 33432

City/State and Zip Code

ABOYD@CGCapitalMarkets.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audra Boyd

Name of Contact Person

212

at (_____) _____
Area Code

402-1310

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

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16 DEC 23 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. CGCM Employee Share Program, 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. Delaware

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

3. 81-4645672

(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. 327 Plaza Real, Suite 225

Boca Raton, FL 33432

(Street Address of Principal Office)

6. 327 Plaza Real Suite 225

Boca Raton, FL 33432

(Mailing Address)

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

Name: Armand R. Pastine

Office Address: 327 Plaza Real Suite 225

Boca Raton

(City)

, Florida 33432

(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.

Armand R. Pastine

(Registered agent's signature)

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

Armand R Pastine, Manager

327 Plaza Real Suite 225

Boca Raton FL 33432

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)

Armand R. Pastine

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.

Armand R Pastine, Manager

Typed or printed name of signer

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TALLAHASSEE
FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CGCM EMPLOYEE SHARE PROGRAM, 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGCM EMPLOYEE SHARE PROGRAM, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20167247399

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203578176

Date: 12-23-16