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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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O SIMMONS FEB 0 8 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 494766 5123330

AUTHORIZATION

COST LIMIT : \$/125.00

ORDER DATE: February 1, 2017

ORDER TIME : 3:27 PM

ORDER NO. : 494766-085

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: CCI CORPORATE SERVICES, 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:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	CCI Cor	porate Services, LLC				
	Name of L	Limited Liability Company				
The enclosed "Application by Fo Existence, and check are submitted."	oreign Limited Liability Compated to register the above refere	any for Authorization to Tran nced foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida			
Please return all correspondence	concerning this matter to the f	following:				
	Barba	ara Williamson				
	Ňa	ame of Person				
Cox Enterprises, Inc.						
Firm/Company						
6205-A Peachtree Dunwoody Road						
	Address					
	Atlar	nta, GA 30328				
	City/St	ate and Zip Code				
	E mail address (to be year	for future annual report not	E anti-on			
D 0 1 10 7	•	i for future annual report non	ncauon)			
For further information concern	ing this matter, please call:					
Barbara Williamson		678- 645-084	1 1			
. Name	of Contact Person		time Telephone Number			
MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the follound \$125.00 Filing Fee	owing amount: \$\Bigsirem\$ \$\\$130.00 \text{Fiting 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:

(Name of Force	ign Limited Liability Company; must	Include "Limited Liat	ounty Company," "L.L.C., or "L	ill.)
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	of transacting business	s in Florida. The alternate name	must include "Limited
2. Delaware		3. 26-3564488		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4				
_	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to 1905, F.S. to determine	registration.) e penalty liability)	
5. 6205-B Peachtree Dun	woody Road			
Atlanta,GA 30328				\$ 1
,	(Street Address of Pr	rincipal Office)		图 三
6. 6205-A Peachtree Duny	woody Road			17 FEB -3
				
Atlanta, GA 30328	(Mailing A	(ddress)		
7. None of court office		,	11-1	ි ශු - ග්ර
7. Name and street addres	ss of Florida registered agent: (P.C	J. Box NOT accept	aole)	့် ပ
Name:	Corporation Service Company		_	
Office Address:	1201 Hays Street		_	
	Tallahassee		_, Florida 32301 (Zip code)	
	(City)		(Zip code)	
designated in this applica to complywith the provisi	rgistered agent und to accept servetion, I hereby accept the appointaions of all statutes relative to the pmy position as registered agent. Corporation Service Companies:	ment as registered a proper and complete	igent and agree to act in this	capacity. I further agree and I am familiar with an Williams
	(Registe	erçd agent's signature)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8. The name, title or capa	acity and address of the person(s)	who has/have autho	rity to manage is/are:	
Jennifer Hightower	ice President			
6205-B Peachtree Dunwo				
Atlanta, GA 30328				
jurisdiction under the law of the translator must be s	Signature	ertificate is in a forei	gn language, a translation of	the certificate under oath
This document is execute submitted in a document t	d in accordance with section 605.0 to the Department of State constitution. Charles	0203 (1) (b), Florida ites a third degree fe les N. Bowen	Statutes. I am aware that any lony as provided for in s.817.	taise information 155, F.S.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CCI CORPORATE SERVICES, 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 SECOND DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCI CORPORATE SERVICES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2008.

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

e at coro delaware gov/auti

Authentication: 201972481

Date: 02-02-17

4612998 8300 SR# 20170602810