

Florida Department of State
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Foreign Limited Liability Company
CR ATLANTICA, LLC

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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-01-18 14:48:33 CST
RE	CR ATLANTICA, LLC

COVER MESSAGE

Shannon Ebright
Associate Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com
Shannon.Ebright@wolterskluwer.com

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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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. CR ATLANTICA 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. 47-2060437

(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. 3841 NE 2nd Avenue

(Street Address of Principal Office)

Suite 400

Miami, Florida 33137

6. 3841 NE 2nd Avenue

(Mailing Address)

Suite 400

Miami, Florida 33137

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

Name: Craig Robins

Office Address: 3841 NE 2nd Avenue, Suite 400

Miami

(City)

Florida 33137

(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 of 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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Craig Robins

3841 NE 2nd Ave., #400

Miami, FL 33137

Member

Steven Gretenstein

3841 NE 2nd Ave., #400

Miami, FL 33137

(Use attachments if necessary)

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)

10. 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.

(Signature of an authorized person)

Steven Gretenstein

(Typed or printed name of signee)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CR ATLANTICA, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2018.

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

FILED
18 JAN 18 PM 2:49
DEPARTMENT OF STATE
DOVER, DELAWARE



5598387 8300

SR# 20180339235

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201993166

Date: 01-18-18