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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-4340

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 1288888888-45
Phone : (382)645-7400
Fax Number : (382)645-1288

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: george@georgeveronis.com

Foreign Limited Liability Company
CGV Solutions, LLC

Certificate of Status	1
Certified Copy	0
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FEB 12 2018

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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. CGV Solutions, 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. _____

(FED 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. 212 Edward Lane

(Street Address of Principal Office)

Palm Beach Shores, FL 33404

6. 212 Edward Lane

(Mailing Address)

Palm Beach Shores, FL 33404

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

Name: Registered Agents Inc.

Office Address: 2030 N. Rocky Point Dr., STE 150A

Tampa

(City)

Florida 33607

(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.

Bob Hume
(Registered agent's signature)

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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:

MBR

George Veronis

212 Edward Lane

Palm Beach Shores, FL 33404

(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.

George Veronis
(Signature of an authorized person)

George Veronis

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CGV SOLUTIONS, 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 NINTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGV SOLUTIONS
LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2018.

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



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SR# 20180882309

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

A handwritten signature of Jeffrey W. Bullock, Secretary of State of Delaware, written in black ink over a horizontal line.

Authentication: 202126084

Date: 02-09-18