

MI8000002144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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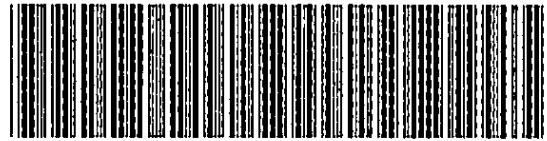
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCI Event Support, 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:

Will Bernard

Name of Person

CCI Event Support

Firm/Company

17732 Highland Rd. Ste G252

Address

Baton Rouge, LA 70810

City/State and Zip Code

will@ccievents.com

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

For further information concerning this matter, please call:

Will Bernard

225

964-8045

at (_____) _____

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. CCI Event Support, LLC.

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

CCIES, 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. Louisiana

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

3. 82-4462004

(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. 17912 Sotile Dr

(Street Address of Principal Office)

Baton Rouge LA 70809

6. 17732 Highland Rd. Ste G252

(Mailing Address)

Baton Rouge LA 70810

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

Name: Grzegorz Wojtkiewicz

Office Address: 941 Hanover Ave

Winter Park

(City)

Florida 32789

(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)

3. 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:

Manager

William Bernard

Member

Grzegorz Wojtkiewicz

17827 Cascades Ave

Baton Rouge, LA 70810

941 Hanover Ave

Winter Park, FL 32789

Member

Juliet Linna Bernard

17827 Cascades Ave

Baton Rouge, LA 70810

attachments if necessary)

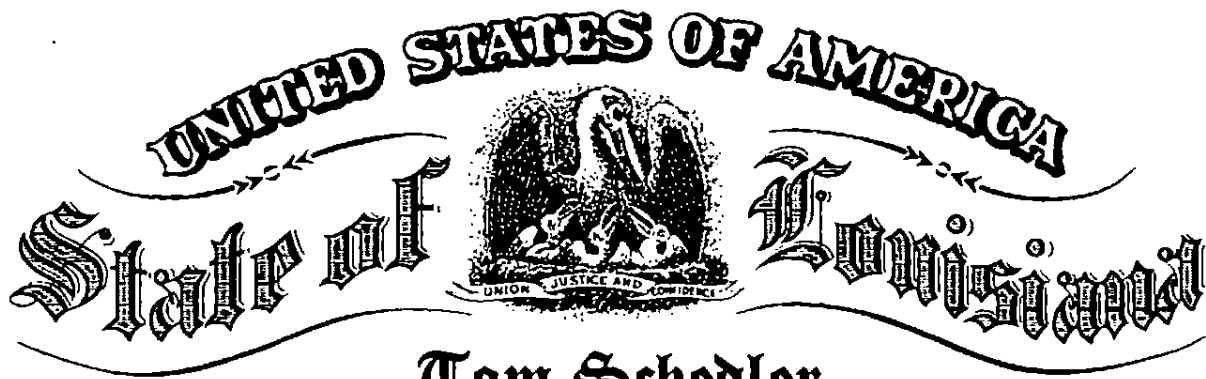
ached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
ction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
ranslator must be submitted)

s document is executed in accordance with section 605.0208 (1) (b), Florida Statutes. I am aware that any false information
d 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

William Bernard

Typed or printed name of signee



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

CCI EVENT SUPPORT LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 20, 2018,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 27, 2018

Secretary of State

eb 42959858K



Certificate ID: 10921834#KHH62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov