5/7/2018

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Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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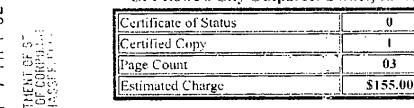
To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address:

Foreign Limited Liability Company CPI Lowe's City Outparcel Owner, L.L.C.



MAY 0 8 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. CPI Lowe's City Outparcel Owner, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Cazality Company," "El.C.," or "LLC.") (If name upayadable, enter alternate name relopted for the purpose of managering business in Florida. The alternate mane must include "Limited Liability Company," "L.f. C." or "LLC.") 2. Delaware applied for (Jurisdiction under the law of which foreign limited liability company is organized) (l'El number, il applicable) Upon qualification (Date first transacted business in Flavids, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1001 Pennsylvania Ave NW 1001 Pennsylvania Ave NW (Street Address of Principal Office) (Mailing Address) Suite 220 South Suite 220 South Washington DC 20004 Washington DC 20004 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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, Angel Shearer C T Corporation System By: Assistant Secretary (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: Sole Member CPI Lowe's City Owner, L.L.Z 1001 Pennsylvania Ave NW Washington DC 20004 (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 per- ig-Stacy M. Rosenthal

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CPI LOWE'S CITY OUTPARCEL OWNER,

L.L.C." 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 SEVENTH DAY OF MAY, A.D. 2018.

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

Color NTS LAX 02

6871895 8300 SR# 20183410152

Authentication: 202644828

Date: 05-07-18