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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 12016000017  
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Foreign Limited Liability Company  
CJ SUBSIDIARY #5, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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J LEGGETT  
JUN 01 2018

**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. CJ Subsidiary #5, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, exact 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 3. XXXXXXXXXX  
(Jurisdiction under the law of which foreign limited liability company is organized) (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 possible liability)

5. 4890 Alpha Road, Suite 100 6. 4890 Alpha Road, Suite 100  
(Street Address of Principal Office) (Mailing Address)  
Dallas, TX 75244 Dallas, TX 75244

7. Name and street address of Florida registered agent: (P.O. Box: NOT acceptable)  
Name: Capitol Corporate Services, Inc.  
Office Address: 515 E Park Ave 2nd Floor  
Tallahassee, Florida 32301  
(City) (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.*

Kim Tadlock Kim Tadlock, Asst. Sec. on behalf of  
(Registered agent's signature) Capitol Corporate Services, Inc.

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:
<u>President</u>	<u>Lewis W. Shaw, II</u> <u>4890 Alpha Road, Suite 100</u> <u>Dallas, TX 75244</u>	<u>Vice President</u>	<u>Michelle Wheeler</u> <u>4890 Alpha Road, Suite 100</u> <u>Dallas TX 75244</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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.

T. O'Grady  
Signature of an authorized person  
Timothy J. O'Grady  
Typed or printed name of signer

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C-11-2018

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CJ SUBSIDIARY #5, 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 THIRTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CJ SUBSIDIARY #5, LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2018.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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SR# 20184748341

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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