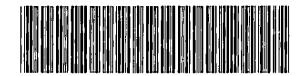
11/8000007609

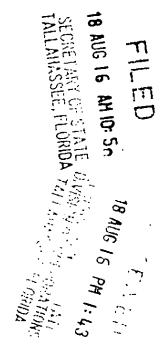
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
1770						

Office Use Only



400317204654

08/16/18--01016--018 **160.00



K. SALY AUG 1 7 2018

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/16/18

NAME:

CLEVELANDER OCEAN GP, LLC

TYPE OF FILING: APPLICATION

COST: 160.00 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACGOUNT: ECA000000015-

~AUTHORIZATION: ABBIE/PAUL HODGE

File First *

COVER LETTER

TO:	Registration Section Division of Corporations					
	CLEVELANDER OC	EAN GP, LLC				
SUBJEC	Name of Limited Liability Company					
The enclo Existence	osed "Application by Forei e, and check are submitted	gn Limited Liability Compar to register the above referen	ny for Authorizations and foreign limited	on to Trans d liability (sact Business in Florida," Certificate of company to transact business in Florida	
Please re	eturn all correspondence ∞	ncerning this matter to the fo	llowing:			
	Karen T. Rodrig	uez				
		Nar	ne of Person			
	Triad Profession	Triad Professional Services				
	Firm/Company					
	1720 Windward Concourse, S. 390					
	Address					
	Alpharetta, GA 30005					
	City/State and Zip Code					
	jfattal@jesta.com					
		E-mail address: (to be used	for future annual	report not	nication)	
For fur	ther information concerning	g this matter, please call:				
	Karen T. Rodriguez		770 at (777-20		
	Name o	f Contact Person	Area Code	Day	time 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			
Enclos	led is a check for the follow ☐ \$125.00 Filing Fee	ring amount: \$\textsize \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Pili Certified Copy	ng Fee &	\$2 \$160.00 Filing Fee, Certificate of Status & Certified Copy	

TO:

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: CLEVELANDER OCEAN GP, 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.") applied for Delaware (FEI number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 755 Berri Street, Suite 200 Montreal, Quebec, H2Y 3E5 CANADA (Street Address of Principal Office) 755 Berri Street, Suite 200 Montreal, Quebec, H2Y 3E5 CANADA (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation (City) 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 complywith 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. NRAI Services, Inc. By: (Registered agent' 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Eric Aintabi, President, 755 Berri Street, Suite 200, Montreal, Quebec, H2Y 3E5 CANADA 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) Signature of an authorized person 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.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLEVELANDER OCEAN GP, 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEVELANDER OCEAN GP, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2018.

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

FILED

18 AUG 16 AM D: 5%

SECRETASSEE, FLORIDA



Authentication: 203254473

Date: 08-15-18