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8/16/18

NAME:

CLEVELANDER HOLDINGS GP, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION:—ABBIE/PAUL HODGE

* FIRE FIRST *

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CLEVELANDER HOLDINGS GP, LLC		
Name of Limited Liability Company			
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo	ite oric	
Please i	turn all correspondence concerning this matter to the following:		
	Karen T. Rodriguez		
	Name of Person		
	Triad Professional Services		
Firm/Company			
1720 Windward Concourse, S. 390			
	Address		
,	Alpharetta, GA 30005		
	City/State and Zip Code	;	
	City/State and Zip Code jfattal@jesta.com E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
For fur			
	Karen T. Rodriguez 770 777-2091 at ()		
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclos	d is a check for the following amount: \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} & \$155.00 Filing Fee & \$\Boxed{\text{S160.00 Filing Fee}} & \$\Boxed{\text{S160.00 Filing Fee}} & \$\Boxed{\text{Certificate}} & \$\Boxed{\text{Certified Copy}} & \$\Boxed{\text{S160.00 Filing Fee}} & \$\Boxed{\text{S160.00 Filing Fee}} & \$\Boxed{\text{S160.00 Filing Fee}} & \$\Boxed{\text{Certified Copy}} & \$\Boxed{\text{S160.00 Filing Fee}} & \$\tex	į	

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 HOLDINGS 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.") 2. Delaware 3. applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 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 ¥4.10: 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 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 regisfered 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, In 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. Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CLEVELANDER HOLDINGS 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 SIXTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEVELANDER HOLDINGS 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.

NAME OF THE PARTY OF THE PARTY

Authentication: 203258902

Date: 08-16-18