

M19000002121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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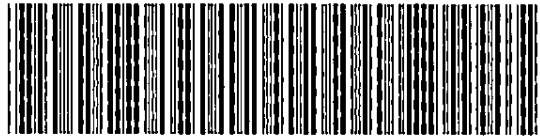
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

19 MAR - 1 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATE  
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**WALK IN**

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- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC \_\_\_\_\_

1. CP LOGISTICS OPA LOCKA, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. CP Logistics Opa Locka, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. February 27, 2019  
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8775 Folsom Boulevard  
(Street Address of Principal Office)  
  
Suite 200  
  
Sacramento, CA 95826

6. 8775 Folsom Boulevard  
(Mailing Address)  
  
Suite 200  
  
Sacramento, CA 95826

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TALLAHASSEE, FLORIDA

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

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.

Adam Saldana, Asst. Secretary  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**  **Manager** Name: CP Logistics Platform, LLC  
**Name and Address:**  
 **Member** Address: 8775 Folsom Boulevard  
 **Authorized** Suite 200  
**Person** Sacramento, CA 95826  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: William Bullen  
**Name and Address:**  
 **Member** Address: 7887 E. Belleview Avenue  
 **Authorized** Suite 475  
**Person** Denver, CO 80111  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
**Name and Address:**  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
**Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Title or Capacity:**  **Manager** Name: \_\_\_\_\_  
**Name and Address:**  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
**Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
**Name and Address:**  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
**Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

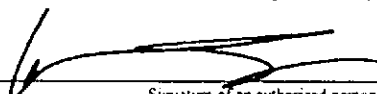
**Manager** Name: \_\_\_\_\_  
**Name and Address:**  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
**Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

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 19  
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 TALLAHASSEE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 person

William Bullen  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CP LOGISTICS OPA LOCKA, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CP LOGISTICS OPA LOCKA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2019.

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



7291167 8300

SR# 20191323443

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202315303

Date: 02-25-19