1/19000003071

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





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9 MAR 28 AM

K SALY MAR 29 ZO19 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 701107

AUTHORIZATION :

COST LIMIT : \$(1)0.00

ORDER DATE: March 27, 2019

ORDER TIME : 4:49 PM

ORDER NO. : 701107-010

CUSTOMER NO: 7814304

FOREIGN FILINGS

NAME: CH RETAIL FUND II/JACKSONVILLE

COLLINS PLAZA, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJE		CH Retail Fund II/Jacksonville Collins Plaza, L.L.C.								
00202		Name of L	imited Liability (Company	- 1 					
The enc Existence	losed "Application by Foreign e, and check are submitted to	Limited Liability Compa register the above referen	uny for Authoriza aced foreign limit	ition to Tra ted liability	insact Business in Florida," Certificate of company to transact business in Florida.					
Please r	eturn all correspondence conce	erning this matter to the fe	ollowing:							
		Der	nise Cottle							
		Nar	me of Person							
		Crow Holdings	Capital Partners	s, L.L.C.						
Firm/Company										
3819 Maple Avenue										
Address										
Dallas, Texas 75219										
City/State and Zip Code										
			crowholdings.co							
	Ë-r	mail address: (to be used t	for future annual	report not	fication)					
For furth	er information concerning this	s matter, please call:								
	David C	Crites	214 at ()	661-8228					
	Name of Co	ntact Person	Area Code	Dayı	time Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration But Clifton But 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301					
		\$130.00 Filing Fee &	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

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:

, CH Retail Fund II/.	Jacksonville Collins Plaza, L.L.C	2.					
I .	eign Limited Liability Company; m		ability Company," "L.L.C.," or "	LLC.")			
(If name unavailable, enter a	lternate name adopted for the purpo	esc of transacting busine	ss in Florida. The alternate name	must include "Limited			
2. Delaware		3					
(Jurisdiction under the law company is organized)	of which foreign limited liability	-	(FEI number, if applicable)				
4 Upon filing							
	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, if prior t	o registration.)				
5.	3819 Maple Avenue, Dali		e pomity naomy)				
J							
	(Street Address of	Principal Office)		- 5. - 6			
6.	3810 Manla Avenue, Dallag Toyag, 75210						
v				FILT MAR 28 MCREASE			
	(Mailine	Address)		00 F			
	, -	·		#11:23			
7. Name and street addres	ss of Florida registered agent: (P	-	table)				
Name:	Corporation Service Company	<u> </u>	<u>.</u> .	OF 22			
Office Address:	Office Address: 1201 Hays Street						
	Tallahassee		Florida 32301 (Zip code)				
	(City)		(Zip code)				
designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Corporation Service Compar By:	itment as registered a proper and complete	gent and agree to act in this e performance of my duties, a Roxa Asst. V	capacity. I further agree			
	(Regis	tered agent's signature)					
8. The name, title or capa	acity and address of the person(s)) who has/have autho	rity to manage is/are:				
Retail Managers II, L.I	L.C., 3819 Maple Avenue, Dalla	s, Texas 75219					
_							
							
							
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 da of which it is organized. (If the c abmitted)	ays old, duly authentic ertificate is in a forei	cated by the official having cu	stody of records in the ne certificate under oath			
	yignature	of an authorized perso	n				
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	0203 (1/ (b), Florida : utes a third degree felo	Statutes. I am aware that any fa ony as provided for in s.817.15	alse information 55, F.S.			
	eck. Vice President of Retail Manage			•			

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CH RETAIL FUND II/JACKSONVILLE COLLINS

PLAZA, 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 TWENTY-SEVENTH DAY OF

MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH RETAIL FUND II/JACKSONVILLE COLLINS PLAZA, L.L.C." WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2018.

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

19 HAR 28 AH II: 22
SECHETARIA OF STATE
SECHETARIA SEE, FLORIDA



Authentication: 202529000

Date: 03-27-19