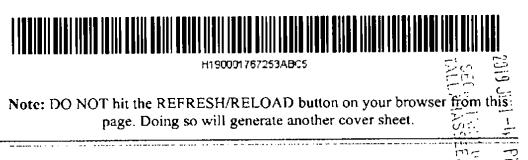
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000176725 3)))



To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company **C&C DELAWARE 3, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Y SCOTT

JUN 0 5 2019

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

SUBJECT:	&C Delaware 3, LLC	T CT :-:4 . 1	T intelligen	~		
	r	Name of Limited	Liability	Company		
The enclosed 'Existence, and	"Application by Foreign Limited Liabil I check are submitted to register the abo	ity Company for ove referenced for	Authoriza reign limi	ition to Transact Busi ted liability company	iness in Florida," C to transact busines	ertificate of s in Florida.
Please return a	all correspondence concerning this matt	er to the following	ng:			
	Cody Monroe					
		Name of I	erson		70 0	
	C&C Beachside 1, LLC				17,ECHE 3,ECHE 1,UL 618,7	## # # # # # # # # # # # # # # # # # #
		Firm/Con	npany		1.50	1
	1319 2nd Street North Uni	t D			(T) (T)	111
	<u>-</u>	Addre	:\$8		EG P	
	Jacksonville Beach, FL 32		7: 6 1			
		City/State and	Zip Code	•		
	cody@annapolis.capital					
	E-mail address: (1	to be used for fut	ure annua	report notification)		
For further inf	formation concerning this matter, please	call:				
Cod	iy Monroe	at (303	345-3008		
	Name of Contact Person		Area Code	Daytime Telep	phone Number	
Divis Regis P.O.	ILING ADDRESS; sion of Corporations stration Section Box 6327 thassee, FL 32314			STREET ADDRE Division of Corpora Registration Section Clifton Building 2661 Executive Cer Tallahassee, FL 32.	ations n nter Circle	
Pleas	osed is a check for the following amour se make check payable to: FLORIDA I \$125.00 Filing Fee S130.00 Fil Certific	DEPARTMENT	\$155.00	TE Difiling Fee &	\$160.00 Filing Fo of Status & Certif	

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: C&C Delaware 3, LLC (Nume of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") (harveduction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 1319 2nd Street North, Unit D 5. 1319 2nd Street North, Unit D (Street Address of Principal Office) Jacksonville Beach, FL 32 Jacksonville Beach, FL 32250 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cody Monroe Name: 1319 2nd Street North, Unit D Office Address: Jacksonville Beach 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.

/s/ Cody Monroe

(Registered agent's signature)

Title or Capacity:	Name and Address: Name: Cody Monroe	Title or Capacity: Manager	Name and Address: Clinton Ramsden III		
Member	Address: 1319 2nd St S Unit D	Member	Address: 1319 2nd St N Unit D		
Authorized	Jacksonville Beach, FL 32250	☐ Authorized	Jacksonville Beach, FL 32250		
Person		Person			
Other	Other	Other	Other		
Manager	Name:	☐ Manager	Name:		
Member	Address:	Member	Address:		
Authorized		☐ Authorized	2019		
Person		Person	S		
Other	Other	Other	Other : -		
☐ Manager ☐ Member ☐ Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Name: District Address:		
Person		Person			
Other	Other	Other	Other		
9. Attached is a cer jurisdiction under to of the translator mu. 10. This document	Jse an attachment to report more than six (6). It is may be added to the index when filing your F tificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate is the submitted) is executed in accordance with section 605.020 ament to the Department of State constitutes a the	lorida Department of State, duly authenticated by the te is in a foreign language (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the , a translation of the certificate under oath I am aware that any false information ded for in s.817.155, F.S.		

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "C&C DELAWARE 3, 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. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C&C DELAWARE 3, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2019.

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

19 Jb.1 - 4 F11 19 41

7441410 8300 SR# 20195033524

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSR

Authentication: 202934409

Date: 05-31-19