## M20000001414

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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COST LIMIT : \$ 125.00

ORDER DATE : February 6, 2020

ORDER TIME : 10:14 AM

ORDER NO. : 173114-015

CUSTOMER NO: 7140955

FOREIGN FILINGS

NAME: CV HIALEAH GARDENS II LLC

EXAMINER:

ACCOUNT NO. : 12000000195

REFERENCE :

CORPORATION SERVICE COMPANY

XXXX QUALIFICATION (TYPE: LL)

CERTIFIED COPY
XX PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

\_\_\_\_ CERTIFICATE OF GOOD STANDING

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CV Hialeah Gardens II LLC	
00000	Name of Limited Liability Company	•
The enc Existence	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, ce, and check are submitted to register the above referenced foreign limited liability company to transact business.	' Certificate of ness in Florida.
Please r	eturn all correspondence concerning this matter to the following:	
	Danielle Ellenberger	
	Name of Person	•
	CSC	
	Firm/Company	•
	84 State Street, 6th Floor	
	Address	,
	Boston, MA 02109	
	City/State and Zip Code	•
	daniel.reid@clarionpartners.com	
	E-mail address: (to be used for future annual report notification)	,
For furth	ner information concerning this matter, please call:	
	Mary Whelan, Paralegal, Lerner & Holmes PC 617 443-9470	2020 FEB 10
	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	10 AHH: 16
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Certificate of Status \$\Bigcup Certified Copy  \text{of Status & Certified Copy} \]	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

une unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The	Iternate name must include "Limited Liability Company,"	"I.J.C," or "LLC.")
Delaware		3.	Pending	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior	or to registration	1)	
(Date first transacted business in Florida, if prior to re (See sections 603 0904 & 605,0905, F.S. to determine CV Hialeah Gardens II LLC			CV Hialeah Gardens II LLC	
(Street Address of F	Principal Office)	6.	(Mailing Address)	
c/o Clarion Partners,	230 Park Avenue,		c/o Clarion Partners, 230 Park Aven	ue,
12th Floor, New York, NY 10169			12th Floor, New York, NY 10169	
Name and street address	ss of Florida registered agent: (P.O. E	Box <u>NOT</u>	acceptable)	1020 FEB
Name:	Corporation Service Company			0
Office Address:	1201 Hays Street			
	Tallahassee		32301 , Florida	9
	(Ciry)		(Zip code)	

Corporation Service Company-By: Kadesha Roberson

Asst. Vice President

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: Name and Address: Title or Capacity: Name and Address: Jason Glasser Manager Manager Name: \_\_ Clarion Partners Address: ☐Member Address: 230 Park Avenue, 12th Floor Authorized Authorized New York, NY 10169 Person Person Other\_ Other\_\_\_ Other\_ Other\_\_\_\_ Richard Schaupp Name: ☐Manager Manager Name: \_\_\_\_\_ Clarion Partners Member Address: ☐ Member Address: 230 Park Avenue, 12th Floor Authorized Authorized New York, NY 10169 Person Person Other Other Other Other Name: \_\_\_\_ Manager Manager Address: Clarion Partners Member Mcmber Address: \_\_\_ 230 Park Avenue, 12th Floor Authorized Authorized New York, NY 10169 Person Person Other\_\_\_ Other\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 1 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. CV Hialeah Gardens LHLKO

Jason Glasser
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 "CV HIALEAH GARDENS II 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 SEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CV HIALEAH

GARDENS II LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2020.

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

2020 FEB 10 AH II: 16



Authentication: 202348588

Date: 02-07-20

7838965 8300 SR# 20200927849