

1720000003426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

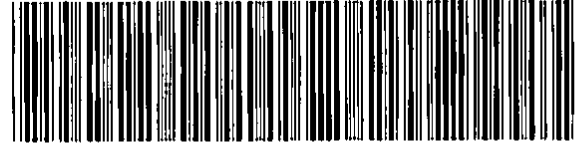
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



800342697308

FILED

2009 APR -2 A K 59

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

20 APR -2 PM 1:19

T. LEMMON

APR 6 2009

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 247162 7840661

AUTHORIZATION

COST LIMIT : \$130.00

ORDER DATE : April 1, 2020

ORDER TIME : 10:42 AM

ORDER NO. : 247162-005

CUSTOMER NO: 7840661

FOREIGN FILINGS

NAME: CPR MONEY LLC

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: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CPR Money LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Diane Champa**

Name of Person

## UC Funds

Firm/Company

**745 Boylston Street, Suite 502**

### Address

**Boston MA 02116**

City/State and Zip Code

**dchampa@ucfunds.com**

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

**Diane Champa**

617

415-7477

at ( )

Name of Contact Person

**Area Code**

Daytime Telephone Number

**Mailing Address:**

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address:**

**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**

**Enclosed is a check for the following amount:**

**Please make check payable to: FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$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:

1. CPR Money 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. DE 3. 47-1000918  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 745 Boylston St. Suite  
(Street Address of Principal Office)

6. 745 Boylston Street  
(Mailing Address)

Suite 502

Suite 502

Boston MA 02116

Boston MA 02116

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.

Amanda E. Robinson

Amanda Robinson, Asst. Vice President

(Registered agent's signature)

FILED  
APR -2 A E 10  
TALLAHASSEE, FLORIDA

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:

☒ Manager

Name: Daniel Palmier

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: 745 Boylston Street, Suite 5C

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Boston MA 02116

☐ Authorized

\_\_\_\_\_

Person

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name: Diane Champa

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: 745 Boylston Street Suite 50

☐ Member

Address: \_\_\_\_\_

☒ Authorized

Boston MA 02116

☐ Authorized

\_\_\_\_\_

Person

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

Person

☐ Other

☐ Other

☐ Other

☐ Other

**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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

Diane Champa

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 "CPR MONEY 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 FIRST DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CPR MONEY LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2014.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5540923 8300

SR# 20202536183

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

Authentication: 202698336

Date: 04-01-20