

M20000010278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

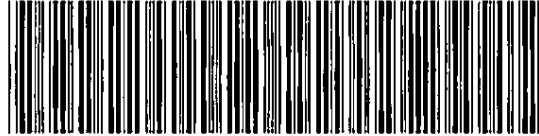
(Business Entity Name)

(Document Number)

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

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CLERK OF THE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

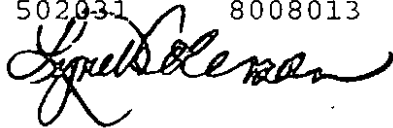
NOV 11 2020  
K. B. ...

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 502031 8008013

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : November 6, 2020

ORDER TIME : 1:23 PM

ORDER NO. : 502031-015

CUSTOMER NO: 8008013

FOREIGN FILINGS

NAME: CGI HOSPITALITY GP I, LLC

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CGI HOSPITALITY GP I, 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:

Ileana Rabassa

\_\_\_\_\_  
Name of Person

CGI Merchant Group, LLC

\_\_\_\_\_  
Firm/Company

801 Brickell Avenue, Suite 1970

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

irabassa@cgimg.com

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

For further information concerning this matter, please call:

Suzanne Wilder

786 581-4800  
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. CGI HOSPITALITY GP I, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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)

801 Brickell Avenue, Suite 1970

5. (Street Address of Principal Office)

Miami, FL 33131

801 Brickell Avenue, Suite 1970

6. (Mailing Address)

Miami, FL 33131

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)


, Florida 32301

(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.



(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]:


| <u>Title or Capacity:</u>                             | <u>Name and Address:</u>              | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager                      | Name: Raoul Thomas                    | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: 801 Brickell Ave, Suite 1970 | <input type="checkbox"/> Member            | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized Person | Miami, FL 33131                       | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager                      | Name: _____                           | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: _____                        | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person            | _____                                 | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager                      | Name: _____                           | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: _____                        | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person            | _____                                 | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> 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 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

  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

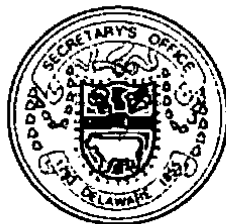
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CGI HOSPITALITY GP I, 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 TWELFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGI HOSPITALITY GP I, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7635684 8300

SR# 20208358750

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

Authentication: 204061564

Date: 11-12-20