M21000016801

(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:						

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DEC 13 2021 K. Brumbley



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/10/2021		WALK IN**			
ENTITY NAME Hudson	SR CGP, LLC				
DOCUMENT NUMBER_					
	PLEASE FILE THE ATTACHED AND RETURN				
xxxxx	Plain Copy Certified Copy Certificate of Status				
***/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**				
	Certified Copy of Arts & Amendments Certificate of Good Standing				
	APOSTILLE' / NOTARIAL CERTIFICATION				
COUNTRY OF DESTINAT NUMBER OF CERTIFICA					
TOTAL OWED \$125	ACCOUNT #: 120160000072				
Please call Tina at th	he above number for any issues or concerns. Thank you so muc	h!			

COVER LETTER

BJECT:	Hudson SR CGP, LLC					
	Name of Limited Liability Company					
he enclosed " xistence, and	Application by Foreign Limited Liability Concert are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor				
ease return a	Il correspondence concerning this matter to	the following:				
	Stacey Shirley					
		Name of Person				
	Baker Donelson					
	Firm/Company					
	420 20th Street North, Suite 1400					
	Address					
	Birmingham, Al. 35203					
	Ci	ity/State and Zip Code				
	cpost@cgpre.com					
	E-mail address: (to be	used for future annual report notification)				
or further infe	ormation concerning this matter, please cal	d:				
Stacey Shirley		205 250-8371				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

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

IN COMPLEMEE WHITESTETION (05/00), FLORID USE ATCTEX THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN ELMITED TABILITY COMPANY TO TRANSACT BY SINESS IN THE STATE OF FLORIDA Hudson SR CGP, LLC (Name of Foreign Finited Frabibits Company, must include "Limited Frability Company," L.L.C., For (LLC.) d) name may mable concreterrate name adopted for the partiese of mansacting business in Florida. The alternate name must include 3 mitted Fability Company. (C.C. or 11) a furnished took and control for a which foreign limited building company is organized. (Date first transport) business in Clouds, if prior to registration () (See sections on County and County (1995) E.S. in determine penalty hability). 361 Summit Blvd, Suite 110 361 Summit Blvd, Suite 110 (Street Address of Principal Office) Birmingham, AL 35243 Birmingham, AL 35243 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) NRAI Services, Inc. Name 1200 South Pine Island Road Office Address Plantation 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.

Patricia A. Boverie, Assistant Secretary

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Manager	Name: Chad J. Post	□Manager	Name:	
□Member	Address: 361 Summit Blvd., Suite 110	□Member	Address:	
≅ Authorized	Birmingham, AL 35243	□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
⊒Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
∃Manager	Name:	□Manager	Name:	
∃Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
ndexed individuals Output Display the display and the displa	ise an attachment to report more than six (6). It may be added to the index when filing your F ificate of existence, no more than 90 days old, he law of which it is organized. (If the certificate st be submitted)	lorida Department of St duly authenticated by t	ate Annual Rep he official havi	oort form. ng custody of records in th
0. This document i	is executed in accordance with section 605.020 ment to the Department of State constitutes a the Decasioned by:	03 (1) (b), Florida Statu nird degree felony as pro	tes. I am aware to ovided for in s.8	that any false information 817,155, F.S.

Signature of an authorized person

Typed or printed name of signee

Chad J. Post



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

DELAWARE, DO HEREBY CERTIFY "HUDSON SR CGP, 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 TENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUDSON SR CGP, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204942213

Date: 12-10-21

6463974 8300 SR# 20214054014