

W2200001053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

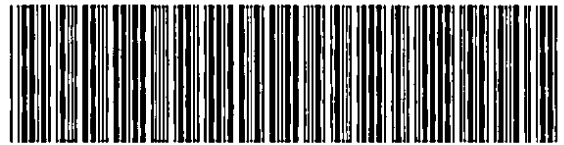
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCP Continuum 1405 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:

Douglas Epstein  
Name of Person

CCP Continuum 1405 LLC  
Firm/Company

6111 Broken Sound Pkwy., Ste 310  
Address

Boca Raton FL 33487  
City/State and Zip Code

geddy@capcomprop.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Graham Eddy at ( 703 ) 204-4600  
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

Already Paid

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. CCP Continuum 1405 LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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

3. ~~87-3757730~~  
(FEI number, if applicable)  
87-3694150

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

5. 6111 Broken Sound Pkwy.  
(Street Address of Principal Office)

6. 6111 Broken Sound Pkwy.  
(Mailing Address)

Ste 310

Ste 310

Boca Raton FL 33487

Boca Raton FL 33487

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

Name:

Lisa Ebenstein

Office Address:

6111 Broken Sound Pkwy Ste 310

Boca Raton

(City)

, Florida

33487

(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.

[Signature]

(Registered agent's signature)

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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:	<u>Capital Commercial Properties Inc</u>	<input type="checkbox"/> Manager	Name:	<u>Douglas Ebenstein</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>6111 Broken Sound Pkwy</u>	<input type="checkbox"/> Member	Address:	<u>6111 Broken Sound Pkwy</u>		
<input type="checkbox"/> Authorized Person		<u>Ste 310</u>	<input type="checkbox"/> Authorized Person		<u>Ste 310</u>		
		<u>Boca Raton, FL 33487</u>			<u>Boca Raton FL 33487</u>		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>Lisa Ebenstein</u>	<input type="checkbox"/> Manager	Name:	<u>Alan Frank</u>		
<input type="checkbox"/> Member	Address:	<u>6111 Broken Sound Pkwy</u>	<input type="checkbox"/> Member	Address:	<u>3018 Javier Road</u>		
<input checked="" type="checkbox"/> Authorized Person		<u>Ste 310</u>	<input checked="" type="checkbox"/> Authorized Person		<u>Suite 200</u>		
		<u>Boca Raton FL 33487</u>			<u>Fairfax VA 22031</u>		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>Graham Eddy</u>	<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:	<u>3018 Javier Road</u>	<input type="checkbox"/> Member	Address:			
<input checked="" type="checkbox"/> Authorized Person		<u>Suite 310</u>	<input type="checkbox"/> Authorized Person				
		<u>Fairfax VA 22031</u>					
<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.

Graham E Eddy  
Signature of an authorized person.  
Graham E Eddy  
Typed or printed name of signor

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCP CONTINUUM 1405 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 THIRTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCP CONTINUUM 1405 LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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

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DELAWARE



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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202387213

Date: 01-13-22