

M22000012077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

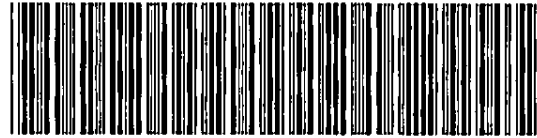
(Business Entity Name)

(Document Number)

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

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S. FRANKLIN

AUG - 3 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCP Management Partners 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:

Graham Eddy

Name of Person

Capital Commercial Properties, Inc.

Firm/Company

3018 Javier Road, Ste 200

Address

Fairfax VA 22031

City/State and Zip Code

geddy@capcomprop.com

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

For further information concerning this matter, please call:

Graham Eddy

703

204-4600

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

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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 Management Partners 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. 88-3157265  
(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. 6111 Broken Sound Pkwy, Ste 310  
(Street Address of Principal Office)

6. Same as Street Address  
(Mailing Address)

Boca Raton, FL 33487

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

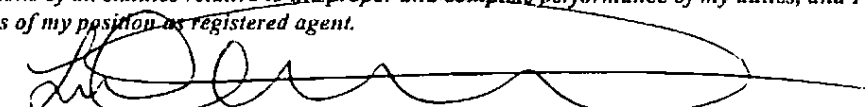
Name: Lisa Ebenstein

Office Address: 6111 Broken Sound Pkwy, Ste 310

Boca Raton, Florida 33487  
(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.

  
(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]:

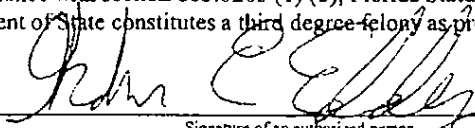
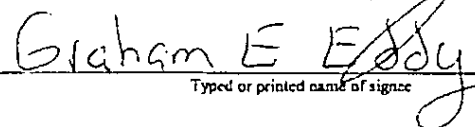
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Douglas Ebenstein	<input type="checkbox"/> Manager	Name: Lisa Ebenstein
<input type="checkbox"/> Member	Address: 6111 Broken Sound Pkwy	<input type="checkbox"/> Member	Address: 6111 Broken Sound Pkwy
<input type="checkbox"/> Authorized	Ste 310	<input checked="" type="checkbox"/> Authorized	Ste 310
Person	Boca Raton FL 33487	Person	Boca Raton FL 33487
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Alan Frank	<input type="checkbox"/> Manager	Name: Graham Eddy
<input type="checkbox"/> Member	Address: 3018 Javier Road	<input type="checkbox"/> Member	Address: 3018 Javier Road
<input checked="" type="checkbox"/> Authorized	STE 200	<input checked="" type="checkbox"/> Authorized	STE 200
Person	Fairfax, VA 22031	Person	Fairfax, VA 22031
<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		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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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 "CCP MANAGEMENT PARTNERS 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2022.

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Jeffrey W. Bullock, Secretary of State

6879879 8300

SR# 20222818498

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

Authentication: 203775500

Date: 06-27-22