

M23000007928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

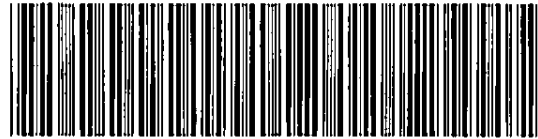
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2023 JUN 19 PM 6:23



2023 JUN 19 AM 10:24

JUN 19 2023

Brumblay

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

ACCOUNT NO. : I20000000195
REFERENCE : 821583-005 5161288
AUTHORIZATION : *Eylien Baker*
COST LIMIT : \$ 155.00

ORDER DATE : June 19, 2023
ORDER TIME : 10:43 AM
ORDER NO. : 821583-005
CUSTOMER NO: 5161288

FOREIGN FILINGS

NAME: CP INDUSTRIAL MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CP Industrial Management, 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:

Sarah Madewell

Name of Person

CP Industrial Management, LLC

Firm/Company

1717 McKinney Ave., Ste. 1900

Address

Dallas, TX 75202

City/State and Zip Code

sarah.madewell@clarionpartners.com

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

For further information concerning this matter, please call:

Sarah Madewell

Name of Contact Person

at (214)

Area Code

647-4905

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. CP Industrial Management, 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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5198884
(FEI number, if applicable)

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

5. 1717 McKinney Ave., Ste. 1900
(Street Address of Principal Office)

6. 1717 McKinney Ave., Ste. 1900
(Mailing Address)

Dallas, TX 75202
Dallas, TX 75202

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)

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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.

Corporation Service Company

By:

Eyleima Bahar

Assistant Vice President

(Registered agent's signature)

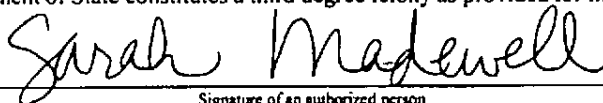
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Clarion Partners, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Amy Brennan</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>c/o Clarion Partners</u>
<input type="checkbox"/> Authorized	<u>1717 McKinney Ave., Ste. 1900</u>	<input type="checkbox"/> Authorized	<u>1717 McKinney Ave., Ste 1900</u>
Person	<u>Dallas, TX 75202</u>	Person	<u>Dallas, TX 75202</u>
<input checked="" type="checkbox"/> Other <u>sole member</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Heather Hopkins</u>	<input type="checkbox"/> Manager	Name: <u>Eliot Marchant</u>
<input type="checkbox"/> Member	Address: <u>c/o Clarion Partners</u>	<input type="checkbox"/> Member	Address: <u>c/o Clarion Partners</u>
<input type="checkbox"/> Authorized	<u>1717 McKinney Ave., Ste. 1900</u>	<input type="checkbox"/> Authorized	<u>1717 McKinney Ave., Ste. 1900</u>
Person	<u>Dallas, TX 75202</u>	Person	<u>Dallas, TX 75202</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Barbara Silk</u>	<input type="checkbox"/> Manager	Name: <u>Sarah Madewell</u>
<input type="checkbox"/> Member	Address: <u>c/o Clarion Partners</u>	<input type="checkbox"/> Member	Address: <u>c/o Clarion Partners</u>
<input type="checkbox"/> Authorized	<u>1717 McKinney Ave., Ste. 1900</u>	<input checked="" type="checkbox"/> Authorized	<u>1717 McKinney Ave., Ste. 1900</u>
Person	<u>Dallas, TX 75202</u>	Person	<u>Dallas, TX 75202</u>
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<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

Sarah Madewell

Typed or printed name of signee

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: CP Industrial Management, LLC
Request Type: Subsistence Certificate **Issuance Date:** June 19, 2023
Request No.: 017214830 **File No.:** 0006316874
Receipt No.: 000567445
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: November 02, 2015
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

CP Industrial Management, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov