

M23000008135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

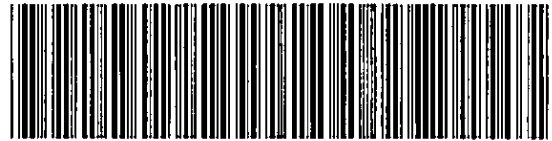
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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APPROVED  
AND  
FILED

2023 JUN 22 PM 6:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2023 JUN 22 PM 10:20

JUN 22 2023

K. Brumley



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 06/22/23  
Order #: 1227778-1  
Re: CP Coronado Drive I LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:  
120000000195

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the text of the enclosed items.

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 Coronado Drive I 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. NC 93-1960488  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 11410 Common Oaks Drive  
(Street Address of Principal Office)

6. 11410 Common Oaks Drive  
(Mailing Address)

Raleigh, NC 27614

Raleigh, NC 27614

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) Florida (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: Alexandra Weiland-Jensen, ACP

(Registered agent's signature)

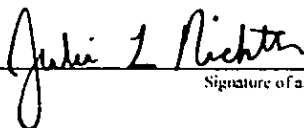
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>Mark Laport</u>                | <input checked="" type="checkbox"/> Manager | Name: <u>Julie Richter</u>              |
| <input type="checkbox"/> Member             | Address: <u>11410 Common Oaks Drive</u> | <input type="checkbox"/> Member             | Address: <u>11410 Common Oaks Drive</u> |
| <input type="checkbox"/> Authorized         | <u>Raleigh, NC 27614</u>                | <input type="checkbox"/> Authorized         | <u>Raleigh, NC 27614</u>                |
| Person                                      | _____                                   | 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         | _____                                   | <input type="checkbox"/> Authorized         | _____                                   |
| Person                                      | _____                                   | 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         | _____                                   | <input type="checkbox"/> Authorized         | _____                                   |
| Person                                      | _____                                   | 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  
Julie Richter  
\_\_\_\_\_  
Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

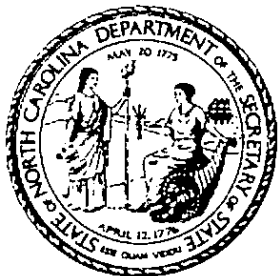
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### CP CORONADO DRIVE I LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of June, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of June, 2023.

*Elaine F. Marshall*

Secretary of State