

M24000000090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

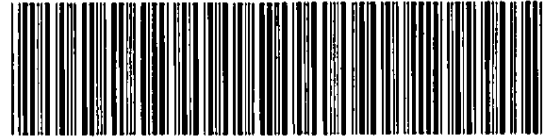
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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RECEIVED
2024 JAN -3 AM 11:23
STATE
TALLAHASSEE, FLORIDA

JAN 04 2024

K. Brumblay



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: 01/03/24
Order #: 1382397-1
Re: Ccm Gp, 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:

I20000000195

AUTH:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "AUTH:" and extends to the right.

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. CCM GP, 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. Delaware 3. Pending
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7724 Girard Avenue, Third Floor
La Jolla, CA 92037
(Street Address of Principal Office)

6. 7724 Girard Avenue, Third Floor
La Jolla, CA 92037
(Mailing Address)

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)

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 Alexis Weiland-Janson, AVP

(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: Michael S. Rosen | <input checked="" type="checkbox"/> Manager | Name: William D. Fertig |
| | 7724 Girard Avenue, Third Floor | | 7724 Girard Avenue, Third Floor |
| <input type="checkbox"/> Member | Address: La Jolla, CA 92037 | <input type="checkbox"/> Member | Address: La Jolla, CA 92037 |
| <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 checked="" type="checkbox"/> Manager | Name: Charles Carnegie |
| | 7724 Girard Avenue, Third Floor |
| <input type="checkbox"/> Member | Address: La Jolla, CA 92037 |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

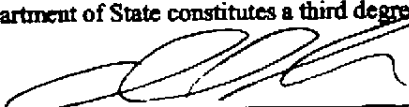
| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <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

Michael S. Rosen, Manager

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CCM GP, 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-NINTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCM GP, LLC" WAS
~~FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2023.~~

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

2755619 8300

SR# 20234365825

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204935723

Date: 12-29-23