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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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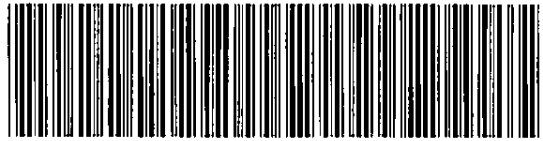
(Business Entity Name)

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TALLAHASSEE, FL

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UNDERWOOD & ROBERTS, PLLC

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING A PROFESSIONAL ASSOCIATION

Toll Free Telephone: 866-343-7874

E-mail: runderwood@rlulaw.com

www.rlulaw.com

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Research Triangle Office
3110 Edwards Mill Road, Suite 300
Raleigh, NC 27612
Tel: (919) 664-8803
Fax: (530) 653-2761

Florida Office
5728 Major Blvd, Suite 550
Orlando, FL 32819
Tel: (407) 354-3420
Fax: (407) 354-3840

Southern California/Nevada Office
2400 S. Camaron Road #140,
Las Vegas, Nevada 89117
Tel: (702) 699-7333
Fax: (702) 699-7377

April 24, 2024

Florida Department of State
Registration Section/Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: CGR A-OB ADMIN, LLC

Dear Sir/Madam:

Enclosed is the following to Foreign Qualify the above entity in the state of Florida

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Delaware Certificate of Good Standing
- Check in the amount of \$125.00 for the filing fee

If there are any questions regarding this filing, please contact me. Thank you for your assistance.

Andrea Cannon
acannon@rlulaw.com

3110 Edwards Mill Road, Suite 300
Raleigh, NC 27612
Tel: 919-664-8803 or 866-343-7874

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CGR A-OB Admin, 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:

Heather Ashe

Name of Person

Underwood & Roberts, PLLC

Firm/Company

3110 Edwards Mill Rd., Suite 300

Address

Raleigh, NC 27612

City/State and Zip Code

acannon@rlulaw.com

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

For further information concerning this matter, please call:

Andrea Cannon

919

664-8803

Name of Contact Person

at (_____) _____

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

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. CGR A-OB Admin, 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 92-2268898
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/27/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 Coastal Drive, Suite 400 100 Coastal Drive, Suite 400
(Street Address of Principal Office) (Mailing Address)
Charleston, SC 29492 Charleston, SC 29492

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

Name: Robert L. Underwood

Office Address: 5389 Major Blvd., Suite 550

Orlando 32819
(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 and 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)

FILED
2024 APR 25 AM 2:56
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
TALLAHASSEE, FLORIDA


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>David Hudson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>100 Coastal Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Charleston, SC 29492</u>	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

David Hudson, Manager

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 "CGR A-OB ADMIN, 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-SIXTH DAY OF FEBRUARY, A.D. 2024.



7284852 8300

SR# 20240660691

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202879622

Date: 02-26-24