Document Number 9900001615

CT Corporation System	No 03
Requestor's Name	= 9
660 East Jefferson Street	
Address	5 5
Tallahassee FI 32301 (850)222-1092	
City State Zip Phone	

CORPORATION(S) NAME

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CB municipal Ad	usons, c.c.c.	99 OCT
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CB Municipal Advisers, L.L.C.		, -
(Name of foreign lim	nited liability company)	الي بيسة
New York 3.		مولدن
illrisdiction under the law of which foreign limited linkitia.	/ FFY)
ompany is organized)	(a de nomovi, ia apparente)	<u> </u>
Avanat 10 1005		~
August 10, 1995 5. (Date of Organization)	December 31 2025 (Duration: Year limited liability company will con-	
,	exist or "perperual")	مِبِ ١٥٠
Upon filing this application with	December 31 2025 (Duration: Year limited liability company will cease exist or "perpetual")	5
Upon filing this application with (Date first mansacted business in Florida. (See se		e
c/o Zephyr Management, 320 Park Av	enue, 11th Floor, New York.	
New York 10022		
(Street address of	principal office)	,
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The name and usual business addresses of the manag	_	
The name and usual business addresses of the manag	_	
The name and usual business addresses of the manag Richard G. Corey c/o Zephyr Management	_	
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Richard G. Corey

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CB Municipal Advisers, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

т - ---3:

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

CONNIE BRYAN

DECIAL ASSISTANT SECRETARY

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York State State

I hereby certify, that CB MUNICIPAL ADVISERS, L.L.C. a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 08/10/1995, and that the limited liability company is subsisting so far as shown by the records of the Department.

A Certificate of Affidavit of Publication of CB_MUNICIPAL ADVISERS, L.L.C. was filed on 02714/1996.

A Certificate of Affidavit of Publication of CB MUNICIPAL ADVISERS, L.L.C. was filed on 02/14/1996.

The limited liability company has filed proofs of publication under section 206 of the Limited Liability Company Law.



Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of October one thousand nine hundred and ninety-nine.

Special Deputy Secretary of State

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