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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: May 31, 2017	Account#: I20000000088
Name: Marisa Kugelmann	
Reference #:	
Entity Name: CORAL GABLES GF DEAL GP, LL	<u>C</u>
✓ Articles of Incorporation/Authorization to Transact Busine	ess
Amendment	
☐ Change of Agent ¥P	lease file FIRST*
Reinstatement	FIRST*
☐ Conversion	·
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
✓ Other certified copy upon filing	)
Authorized Amount: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Signature: Wkug	

## COVER LETTER

TO:

**Registration Section** 

Division of Corporati	ons						
SUBJECT:	Coral Gab	oles GF Deal GP. Li	LC				
ocholet.	Name of Limited Liability Company						
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Coi	mpany for Authori	zation to T	ransact Business in Florida,	' Certificate of ness in Florida		
Please return all correspondence	concerning this matter to the	ne following:					
		John L. Opar					
-	)	Name of Person					
	Shaa	rman & Starling I I	٥				
	Shearman & Sterling LLP Firm/Company						
	50	99 Lexington Ave					
		Address					
•	New Y	ork, New York 100	22				
***************************************		State and Zip Code					
		r@shearman.com					
	E-mail address: (to be use	ed for future annua	l report no	otification)			
For further information concerning	ng this matter, please call:						
Key	in Paulsen	at / 212		848-7435			
	of Contact Person	at (212 Area Code	) Da	ytime Telephone Number			
MAILING ADDRESS:				T ADDRESS:			
Division of Corporation Registration Section	5			of Corporations tion Section			
P.O. Box 6327			Clifton I				
Tallahassee, FL 32314			2661 Ex	ecutive Center Circle see, FL 32301			
Enclosed is a check for the follow							
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filis Certified Copy	ng Fee &	\$\$160.00 Filing Fee, Cel of Status & Certified Copy			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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: Coral Gables GF Deal 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o Shearman & Sterling LLP (Street Address of Principal Office) 599 Lexington Avenue, New York NY 10022 Attention: John L. Opar (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee . Florida (City) 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 complywith the provisions of all statutes relative to the ptoper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered opent. Kathiving Mer, Asistant Scriptury (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: John L. Opar, authorized person c/o Shearman & Sterling LLP, 599 Lexington Avenue, New York NY 10022 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) /s/ John L. Opar Signature of an authorized person

Typed or printed name of signee

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.

John L. Opar

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CORAL GABLES GF DEAL 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-FIFTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORAL GABLES GF DEAL GP, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2017.

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

2017 MY 31 AN 8: 49
SECRETARY OF STATE
SECRETARY OF STATE



Authentication: 202605962

Date: 05-25-17

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