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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: eileen.soto@cnl.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP
CNLSun Two McCandless PA Senior Living, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

C. LEWIS
OCT 25 2011
EXAMINER

*Please coordinate filing with fax audit number
H 110002361813.

Electronic Filing Menu

Corporate Filing Menu

Help

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

2011 OCT 24 AM 8:27

1. CNLSun Two McCandless PA Senior Living, LP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact
business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. August 17, 2007

Date of Formation

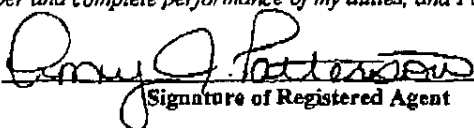
4. Name of Registered Agent for Service of Process and Florida Street Address:

Amy J. Patterson

450 S. Orange Avenue

Orlando, FL 32801

5. 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.


Signature of Registered Agent

7. Principle Office: (Florida Street Address)

450 S. Orange Avenue

Orlando, FL 32801

8. Mailing Address:

PO Box 4920

Orlando, FL 32802

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: CNLSun Two Pool One GP, LLC

Name of General Partner: M11000005321

Street Address: 450 S. Orange Avenue

Street Address:

Orlando, FL 32801

Mailing Address: Po Box 4920

Mailing Address:

Orlando, FL 32802

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

H110002361813

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNLSUN TWO MCCANDLESS PA SENIOR LIVING, LP" 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 SECOND DAY OF AUGUST, A.D. 2011.

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

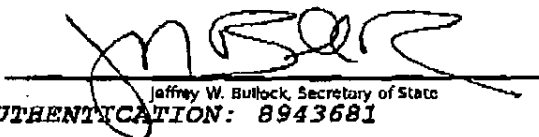
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNLSUN TWO MCCANDLESS PA SENIOR LIVING, LP" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2007.

4409488 8300

110881760

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8943681

DATE: 08-02-11

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 10th day of October, 2011

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

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TALLAHASSEE, FLORIDA

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