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:

LINDA A. SCARCELLI

: CNL FINANCIAL GROUP, INC. Account Name

Account Number : 113615003626 : (407)650-1000 Phone 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.

linda, Scarcelli @ cnl. com

Foreign Limited Liability Company GGT Gwinnett Center GA, LLC

Certificate of Status	0
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EXAMINER

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GGT Gwinnett Center GA, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) September 7, 2011 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpenual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) τ 450 So. Orange Avenue Orlando, FI 32801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here | 9. The name and usual business addresses of the managing members or managers are as follows: Robert A. Bourne, Rosemary Q. Mills and Steven D. Shackelford, 450 So. Orange Avenue, Orlando, FL 32801; and Bernard J. Angelo and Tony Wong, 68 South Service Road, Suite 120 Melville, NY 11747 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ____ Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

Linda A. Scarcelli
Typed or printed name of signee

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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 Comp	any is:			
— 	GGT Gwinn	nett Center GA,	LLC		
If unavailable,	the alternate to be used in the	e state of Florida is:			
2. The name ar	nd the Florida street address of Linda A. Scarcelli	of the registered ag	ent and office are:	20M SEP	
(Name)		- 監督 る	Parce		
	450 So. Orange Avenue	· ,		E	m
	Florida Street Add	ress (P.O. Box NOT A	CCEPTABLE)	STATE OF THE PARTY	بهم کانگاری
	Orlando	FL	32801	<u></u>	
		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, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "GGT GWINNETT CENTER GA, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GGT GWINNETT CENTER GA, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2011.

5034369 8300

110983642

You may verify this certificate online at corp.delawara.dov/authwer.shtml

AUTHENTICATION: 9014925

DATE: 09-08-11