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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Componentions

Pax Number

: (850)617-6383

Pron:

Account Name : CNL FINANCIAL GROUP, INC.

Account Mumber : 113615003626

: 113615003626 : (407]650-1000

Fax Number

: (4D7)540-2689

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

mail address: eilen . sotoakni . com

MECEIVED TINOV 22 PHIZ: 47 SECRETARY OF STATE Foreign Limited Liability Company CLP Pekin IL Owner, LLC

<u> </u>	
Certificate of Status	0
Certified Copy	0
Paga Count	03
Estimated Charge	\$125,00

D. BRUCE

NOV 23 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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APF	PLICATION BY FOREIGN LI	MITED LIABILITY C NSACT BUSINESS IN	ompany for autho Florida	DRIZATION T	Ö
IN COM LIMITEI	APLIANCE WITH SECTION 608.503, FL DLIABILITY COMPANY TO TRANSACT B	ORIDA STATUTES, THE FOI USINESS IN THE STATE OF F	LLOWING IS SUBMITTED TO LORIDA:	REGISTER A FOR	WGN
I. CL	P Pekin IL Owner, LLC Name of Foreign Limited Liability Com	pany; must include "Limited	Liability Company," "L.L.C.,"	or "LLC.")	
Consent	e unavailable, enter alternate name adopt of the managers or managing members sy," "L.L.C." LLC.")	ted for the purpose of transact adopting flic altecture name.	ting business in Plorida and an The alternate name must include	ach a copy of the w le "Limited Liabilit	ritten Y
2. Dela	aware	3, 35-242;			
	diction under the law of which foreign any is arganized)	imited liability	(FEI number, if applicable	<u>a)</u>	
ر م Oct	tober 13, 2011	5 Perpetu	tai		
7	(Date of Organization)		m: Year limited liability compt	any will cease to	
ملا ء	on qualification			٠	
6. <u>Je</u>	(Dote first transact	d business in Florida, if prior 1 & 608.502 F.S. to determine	r to registration.) e penalty liability)	<u> </u>	
7. 45	0 S. Orange Avenue			<u> </u>	
Orl	ando, FL 32801			SŽ N	
,		(Street Address of Principal	Office)		į
	imited liability company is a man			FCO	ED
9. The	name and usual business address	ses of the managing men	ibers or managers are as f		
Ha	illy Greer, 450 S. Orange Ave	enue, Orlando, FL 32	801	A	
بار	oseph T. Johnson, 450 S. C	range Avenue, Orla	ando, FL 32801		
Sh	naron A. Yester, 450 S. O	range Avenue, Orl	lando, FL 32801		
thejuris	ached is an original cartificate of existence, diction, under the law of which it is organi on of the certificate under cath of the trans	zed. (Aphotocopy is not accep			nds in
11. N	ature of business or purposes to b	e conducted or promoted	in Florida:		
ow.	ner/lessor of commercial r	al property		•	
	Signature of a fine	omber or an authorized re	presentative of a member	r.	
	(In accordance with section 608.40	8(3), F.S., the execution of this d	ounnent constitutes an affirmation	n under the	
	pensities of perjury that the factal document to the Department of				
	Joseph T. Joh	nson, Manager		-,,	
	Т	ped or printed name of s	ignee		

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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 Con	mpany is:			
CLP Pek	in IL Owner, LLC				
lf unavaileble	e, the alternate to be used in	the state of Florida is:			
2. The name	and the Florida street addre	ss of the registered agent and office are:	JACL 52		
	Amy J. Patterson		AH	NOV 22	-
		(Name)	TAR ASS	122	_
	460 S. Orange Ave	nue	E Y	3	'n
		Address (P.O. Box NOT ACCEPTABLE)	FLO	***	C
	Orlando	_{FL} 32801	TATE ORIDA	0	
		City/State/Zip			
liability comp agent and agr relating to the	any at the place designated in see to act in this capacity. I fit proper and complete perform	nd to accept service of process for the above so in this certificate, I hereby accept the appointm further agree to comply with the provisions of mance of my duties, and I am familiar with an ent as provided for in Chapter 608, Florida S	nent as reg all statutes id accept t	ristere:	ł

\$ 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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLP PEKIN IL OWNER, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2011.

AND I DO HEREDY FURTHER CERTIFY THAT THE BAID "CLP PERIN IL OWNER, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2011.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT REEN ASSESSED TO DATE.

5051800 8300

111099788

You may varify this cortificate enline

James W. Bullock, Secretary of Sta

DATE: 10-13-11