

Division of Corporations

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**B02000000380**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383  
SUZANNE M. McLAUGHLIN

From:

Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 650-1065

*BK*SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 25 PM 3:11

FILED

DIVISION OF CORPORATION

02 NOV 25 AM 10:33


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**FOREIGN LIMITED PARTNERSHIP****CNL Retirement MA2 Arkansas, LP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$148.75

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**FILED  
NOV 25 PM 3 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. CNL Retirement MA2 Arkansas, LP  
(Name of limited partnership as it is in the home state)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")
3. Delaware 4. 11/19/2002  
(State of Formation) (Date of Formation)
5. Linda A. Scarcelli  
(Name of Registered Agent for Service of Process)
6. 450 S. Orange Avenue  
(Street Address of Registered Office)
- Orlando Florida 32801  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
  
(Agent must sign on this line)
8. 450 S. Orange Avenue, Orlando FL 32801  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
CNL Retirement MA2 GP Holding, LLC, 450 S. Orange Ave, Orlando FL 32801  
M02000000 3123
10. 450 S. Orange Avenue, Orlando FL 32801  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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11/25/02 09:35 FAX 407 650 1065

CNL TAX ACCOUNTING

003/005

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12. PO Box 4920, Orlando FL 32802-4920

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 20th day of November 2002

Linda A. Scarcelli  
General Partner  
Linda A. Scarcelli, Asst. Secretary of GP  
STATE OF FLORIDA

COUNTY OF ORANGE

On this 20th day of November 2002

Linda A. Scarcelli, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

Suzanne M. McLaughlin  
(Notary Public Signature)

Suzanne M. McLaughlin

(Notary's Printed Name)

Seal

My Commission Expires:

Suzanne M. McLaughlin  
My Commission CC972520  
Expires October 03, 2004

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

Linda A. Scarcelli, Asst. Secretary of  
BEFORE ME the undersigned personally appeared CNL Retirement MA2 GP Holding, LLC  
a general partner of CNL Retirement MA2 Arkansas, LP, a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,950.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 20th day of November, 2002.



General Partner  
Linda A. Scarcelli, Asst. Secretary of GP

STATE OF FLORIDA

COUNTY OF ORANGE

On this 20th day of November, 2002

Linda A. Scarcelli personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of



Suzanne M. McLaughlin

(Notary's Printed Name)

Seal My Commission Expires:



Suzanne M. McLaughlin  
My Commission CC872520  
Expires October 03, 2004

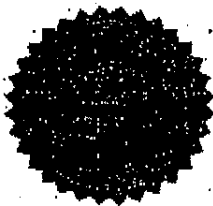
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MA2 ARKANSAS, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2002.

FILED  
02 NOV 25 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2100339

DATE: 11-20-02

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