11/25/02 09:41 FAX 407 650 1065

CNL TAX ACCOUNTING

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Division of Corporations <u>re 1</u> of 2 7DU UL

#### Florida Department of State

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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

: (407)650-1000 Fax Number : (407)650-1065.

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#### FOREIGN LIMITED PARTNERSHIP

CNL Retirement MA3, LP

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

withdrawn.

H02000230055 4

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

1. CNL Retirement MA3, LP	·		
(Name of limited p	partnership as it is in the home state)	•	
2			
(If name is mavailable, name under which the lim must contain th	ited partnership proposes to register or transact business in Florida; he word "LIMITED" or "LTD.")		
3. Delaware	4 11/19/2002		
(State of Formation)	(Date of Formation)	*	
5 Linda A. Scarcelli	·		
(Name of Register	red Agent for Service of Process)		
6. 450 S. Orange Avenue			
(Street Ad	dress of Registered Office)		-
Orlando	Florida 32801 (Zip Code)		
(City)	(Zîp Code)		
Agentic (Agentic Agentic Agent	must sign on this line) 32801	÷ .	. = .
(Address of registered office required in state	e of formation or, if not required, address of principal office.)	<u>.</u> .	-
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS		
CNL Reitrement MA3 GP Holding, LL	C, 450 S. Orange Ave, Orlando FL 32801	02 KM 25 PM	
MX2000003114	202	- Z	
11000000 714		ं	三至
		7	
		ડુ: 2	
		28	
10. 450 S. Orange Avenue, Orlando Fl	_ 32801		
	and Contributions of Limited Partners are kept.)	• ~ -	÷

CONTINUED

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

12. PO Box	4920, Orlando FL 32802-4920				٠
	(Mailing Address of Limited Partnership)				
	s of perjury I, being duly swom, declare t is stated herein are true and correct.	hat I have read the fo	regoing and know the contents the	reof	
Signed this 20	Oth day of November		, 2002	•	
	Lind OX	Carcello			
STATE OF	Linda A. Scarcalli, Res	al Partner f. Secretary (	of General Partner		
COUNTY OF_	ORANGE	<del>-</del> -			
On this	20th day of November	, 2002			
Linda A	A. Scarcelli	<u></u> -	_ personally appeared before me,		
who is person	onally known to me				
whose identi	ity I proved on the basis of		-	_	~.
	- w	A.F. Samples		<del></del>	2
	Eing truffffff	Agrature)		ŝ. o	
	Suzanne M. McLaughlin	J		2 NOV	
	(Notary's Printed	Namc)		1 25 1 28	<u>≓</u> ≥,
Scal	My Commission Expires:			PH 3: EE, FLO	
Suzanno M Mc	al-aughlin			28 RIOA	*45



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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	Linda A. Scaro CNL Retirement	elli, Assistant Secr MA3 GP Holding, LLC	etary of	
a general partner of CNL Retirement MA3, U		e (an) Delaware	-	
limited partnership, hereinafter referred to as the "Part				
1. The amount of capital contributions of the limited p	partners is \$ 4,950.00	<u>)</u>		-
2. The anticipated amount of the capital contributions	of the limited partners t	hat are allocated for the purpose	s of	
transacting business in Florida is \$ 0	. –	e		
Under the paralities of perjury I, being duly sworn, dec	clare that I have read th	s foregoing and know the conte	vts thereof and	
that the facts stated herein are true and correct.	_			
Signed this 20th day of November	2002	, tritu <b>.=</b> 4 -		
•				
Zan (	2 Lane			
Linda A. Scarcell	General Partner Li, Assistant Se	ecretary of General B	artner	
STATE OF FLORIDA				-
COUNTY OF ORANGE				
		0000		
On this 20th day of	voverno <u>er</u>			
Linda A. Scarcelli		onally appeared before me,		
<b></b>	=		Fa Q	
who is personally known to me	• •			*-
whose identity I proved on the basis of				7
				\$7
< as amount				n.,
TOTALIKA H TOWAN -	: - -			
(Notary Public Significance)			ār œ	
Suzanne M. McLaughlin	· - ·=	<del>-</del> .		
(Notary's Printed Name)				-
Seal My Commission Expires:			. ·	

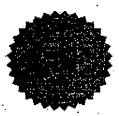
H02000230055 4

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MAS, 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.



Warriet Smita Hindson Harriet Smith Windson, Secretary of Size

AUTHENTICATION: 2100403

DATE: 11-20-02