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Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065 02 NOV 25 AM 10: 33

FOREIGN LIMITED PARTNERSHIP

CNL Retirement MA2 Ohio, LP

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

02 MOV 25 PN 3: 30

Ro-01

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

(Name o	f limited partnership as it is in the home state)
_	
2. (If name is unavailable, name under which	th the limited partnership proposes to register or transact business in Florida;
must	contain the word "LIMITED" or "LTD.")
, Delaware	_{4.} 11/19/2002
(State of Formation)	(Date of Formation)
, Linda A. Scarcelli	
(Name o	f Registered Agent for Service of Process)
450 S. Orange Avenue	
Ω-	Street Address of Registered Office)
Orlando	Florida 32801
(City)	(Zip Code)
8, 450 S. Orange Avenue, Orla	(Agent mast sign on this line) undo FL 32801
(Address of registered office requi	red in state of formation or, if not required, address of principal office.)
9. Names of General Partners	4.*
	ding, JŁC, 450 S. Orange Ave, Orlando FL 32801
MOSI	0000423
10. 450 S. Orange Avenue, Orl	ando FL 32801

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

CONTINUED

PO Box	4920, Orlando FL 32802-4920			
	(Mailing Address of Limite	d Partnership)		_
	s of perjury I, being duly sworn, declare that I have ts stated herein are true and correct.	read the foregoing and know	the contents the	rcof
Signed this	20th day of November	, 2002		
STATE OF	Linda . Scarcelli, Asst. Se	cretary of GP		
COUNTY OF_	ORANGE			·•
On this	20th day of November 20	02		=
Linda /	A. Scarcelli	personally appe	ared before me,	
who is perso	nally known to me			
whose ident	ity I proved on the basis of			
	Suzanne M. McLaughlin			DZ NOV 25 DZ NOV 25 SECSELAN
	(Notary's Printed Name)	-	• ••	SEE : 10 SEE : 10 SEE : 10
Scal	My Commission Expires:	 	- 1	30 17.05



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 ofCNL Retirement MAZ Ohio, LP, a (an)_ Delaware
limited partnership, hereinafter referred to as the "Partnership", who cortifies 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 \$
Under the penalties of perfury 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, 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
who is personally known to me Whose identity I proved on the basis of
SAN 30
THE ROLL SIEDLES SIEDL
Surgery M. Malayarkin
Suzanne M. McLaughlin (Notary's Printed Name)
Seal My Commission Expires:

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MA2 OHIO, 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.

3592950 8300

020713211

Warriet Smith Windson Secretary of State

AUTHENTICATION: 2100259

DATE: 11-20-02

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