## Florida Department of State

Division of Corporations Public Access System

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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

### FOREIGN LIMITED PARTNERSHIP

CNL Retirement MA3 Pennsylvania, LP

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

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SECRETARY OF STATE DIVISION OF CORPORATION

withdrawn.

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

1. CNL Retirement MA3 Pennsylvania,	LP	
(Name of limited par	mership as it is in the home state)	
2		
(If name is unavailable, name under which the limited must contain the v	d partnership proposes to register or transact business in Floword "LIMITED" or "LTD.")	rida;
3. Delaware	<sub>4</sub> 11/19/2002	
(State of Formation)	(Date of Formation)	-
5. Linda A. Scarcelli		<u></u>
(Name of Registered	Agent for Service of Process)	<del>-</del>
6. 450 S. Orange Avenue		
(Street Addre	ess of Registered Office)	<del>-</del>
Orlando	, Florida32801	
(City)	(Zip Code)	_ ,
	ust sign on this line)	OZ NOV 25 PH 4: 03
8. 450 S. Orange Avenue, Orlando FL 3.	2801	- 2 95
		STATE OF
(Address of registered office required in state of	of formation or, if not required, address of principal office.)	PH POR
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS	F. 3
CNL Reitrement MA3 GP Holding, LLC	, 450 S. Orange Ave, Orlando FL 32801	ယ် ်
M	02-3114	
•	•	_ · · · ·
450 S. Orange Avenue, Orlando FL 3	_	
10. 450 S. Urange Avenue, Orlando FL 3	32801	

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(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

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PO Box 4920, Orlando FL 32802-4920	)	1	· · ·		ے ر د معرسرة
			:- : : : : : : : : : : : : : : : : :		
(Mailing Address	of Limited Partner	ship)			
Under penalties of perjury I, being duly sworn, declare and that the facts stated herein are true and correct.	that I have read the	foregoing and know	v the contents th	ercof	
Signed this 20th day of November	- <u> </u>	2002	<u>.</u> 21. 21	i sa kana 📆	 - سي د
Sand Ofe	well			ूर १५५ व	-57 <del>-≪</del>
Linda A Scarcelli, ASS STATE OF FLORIDA	_	of General			: 1
COUNTY OF ORANGE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		ومهورييو	
On this 20th day of November	, 2002	<u></u>	<u>.</u> "	ON SE	t especies
Linda A. Scarcelli	<u> </u>	, personally appe	eared before me,	NEGRETOR CORPUN	<u></u>
who is personally known to me		-		CORPU 25 PM	건 유 유
whose identity I proved on the basis of			·	- F.	
	The Age of the Control of the Contro		· · · · · · · · · · · · · · · · · · ·		ڻ بين ج
Type Wall Public	(Shipture)	<u></u> -			೭೯೮೦ -
Suzanne M. McLaughlin (Notary's Printed		<u></u>		₹	. = = • • •



My Commission Expires:\_\_\_

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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 MA3 GP Holding, LLC	 			
a general partner of CNL Retirement MA3 Pennsylvania, 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 \$\frac{0}{2} = \frac{1}{2} = \f				
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents the	ereof and			
that the facts stated herein are true and correct.	• •			
Signed this 20th day of November , 2002	1 A *			
General Partner Linda A. Scarcelli, Asst. Secretary of General Partner STATE OF FLORIDA	DIVISION 25 PH 4: 03			
COUNTY OF ORANGE	2 39 S			
On this 20th day of November 2002	4:03			
Linda A. Scarcelli , personally appeared before me,				
who is personally known to me whose identity I proved on the basis of	<u> </u>			
Cham.O 1	<u></u>			
Monay Public Signature				
Suzanne M. McLaughlin (Notary's Printed Name)	r e			

My Commission Expires: \_\_\_

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# 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 MAS PENNSYLVANIA, 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.

DIVISION OF CORPORATIONS

02 NOV 25 PM L: 03



Warriet Smith Hindson Sommer of France

AUTHENTICATION: 2100446

DATE: 11-20-02

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