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 : (407)650-1000 Fax Number : (407)650-1065 55

CEIVE

FOREIGN LIMITED PARTNERSHIP

CNL Retirement MA4 Wheaton IL, LP

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

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

1. CNL Retirement MA4 Wheaton IL,	partnership as it is in the home state)	_		
2. (If name is unavaliable, name under which the lin	nited partnership proposes to register or transact business in Flo	rida;		
must contain t	the word "LIMITED" or "LTD.")			
Delaware	_{4.} 5/14/2003			
(State of Formation)	(Date of Formation)	_		
5. Linda A. Scarcelli				
	ered Agent for Service of Process)			,
450 S. Orange Avenue				
	ddress of Registered Office)	-		
Orlando	Marida 32801			
(City)	Florida (Zip Code)	-	٠	
7. Acceptance by the Registered Agent for Service	of Process: Carella ft must sign on this line)	SECRETA	03 JUN 12	
450 S. Orange Avenue, Orlando Fl	L 32801	<u> </u>		
			×	
(Address of registered office required in sta	ate of formation or, if not required, address of principal office.)	STAT	æ	
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS		29	
CNL Retirement MA4 GP Holding, L	LC, 450 S. Orange Ave, Orlando FL 32801	-		·
Mb30000c	11/01/1	-		
		• -	•	
•				

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withdrawn.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 Pariners are kept.)

12_PO Box 492	0, Orlando FL 32802-4920			_	-	
		. – –	- ,	•		
	(Mailing Address of Limi	ted Partnership)		-		
	rjury I, being duly swom, declare that I ha ed herein are true and correct.	ve read the foregoing and know	the contents the	reof		
Signed this 3.00_	_day of _June	, 2003			.= 4 -	
	Sinde of Sca	coll.				
	Inda A. Scarcelli, Portaigati RIDA	Etary of General Pa	rtner		-	•
COUNTY OF OR						_
	_		-			
On this 3	day of June , 2	003		-	-	
Linda A. Scarc	elli	personally appea	rred before me.			
		,				
who is personally	known to me			25. S	3.	
whose identity i p	proved on the basis of		<u> </u>	LAKE OF S	3 ≡ 2 2	·
				ASSA ASSA	72	
	STANDER PUBLISHED			79.5	計 8: 2:	<u> </u>
	7 , 00	,		5.00	9	
zanno M McLaughlin	Suzanne M. McLaughlin (Norary's Printed Name)		"	-	. 3	2.5
Commission CC972520 chos October 03, 2014						
Can?	Mrs Campaignian Fundado					

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	/70 11 / Table	arcelli. ent MA4 G	Asst Secret P Holding, LL	erry or C			
a general partner of CNL Retirement MA4 V				<u> </u>	_		•
		•	-		- ·	-	• • •
limited partnership, hereinafter referred to as the "Pa	smership", who cer	tifies as follo	WE:				
1. The amount of capital contributions of the limited	inaumers is \$ 21	.000.000					
2. The anticipated amount of the capital contribution	·	-	allocated for the m	monses of			
transacting business in Florida is \$ 4,950	_	inois unit mo	miconica for mo p	athoaca or			
same and the same and	.*		••				
Under the penalties of perjury I, being duly sworn, a	lectore that I have i	read the force	ning and know the	contents th	erent ann	,	
that the facts stated herein are true and correct.			our <u>s</u> who have a nec	COIPPEIMS NI	DIEDJ D IG	•	
•							
Signed this 3rd day of June		_·					
	/10						
Zast	Sca	celle					
Linda A. Scarce	111, Asst Se	cretary o	f General Pa	rtner	For	Ç	
STATE OF FLORIDA						3	
	·	•		•		₹ <u></u>	
COUNTY OF ORANGE	gar A y			-	SS 200	2	
On this 31th day of	June		2003		m=		
V., 144						ထ	1
Linda A. Scarcelli		, personally a	ppeared before me	L		29	
		J	77	•	> `	~	
who is personally known to me							
whose identity I proved on the basis of					<u></u>	_	
er e	•	•					
**************************************						<u>.</u>	••
San Su di Maria							
(IDAINUTHII) HUR			=				
(Notary Public Signature)							
Suzanne M. McLaughlin						_	_
(Notary's Printed Name)				-	•	. 5	=

My Commission Expires: ___

Scal

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MAA WHEATON IL, 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2003.



Warriet Smith Windsor, Secretary of State

3658445 8300 AUTHENTICATION: 2440161

DATE: 05-28-03

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