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TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

Kathleen M. Walkling

From:

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

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DIVISION OF CORPORATIONS

FOREIGN LIMITED PARTNERSHIP

CNL INCOME SNOWSHOE, LP

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA1. CNL INCOME SNOWSHOE, 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

(State of Formation)

4. 9/29/2004

(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


(City)

Florida

32801-3336

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:



(Agent must sign on this line)

8. 450 S ORANGE AVENUEORLANDO FL 32801-3336

(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 INCOME SNOWSHOE GP, LLC 450 S ORANGE AVENUE, ORLANDO FL 32801
m04-4137

10. 450 S ORANGE AVENUE, ORLANDO, FL 32801-3336

(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withdrawn.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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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 30 day of September, 2004
By: Charles A. Muller, Manager of the GP, CNL Income Snowshoe GP, LLC

Charles A. Muller
General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 30 day of September, 2004

CHARLES A. MULLER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen M. Walkling
(Notary Public Signature)

KATHLEEN M. WALKLING
(Notary's Printed Name)

Seal

My Commission Expires: _____



Kathleen M. Walkling
My Commission DD224969
Expires June 22, 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

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BEFORE ME the undersigned personally appeared Charles A. Muller, Manager, CNL Income Snowshoe GP, LLC
a general partner of CNL Income Snowshoe, LP, a (an) Delaware STATE
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,995.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,995.00.

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 30 day of September, 2004.

By: Charles A. Muller, Manager of the GP, CNL Income Snowshoe GP, LLC

Charles A. Muller
General Partner

STATE OF Florida

COUNTY OF Orange

On this 30 day of September, 2004,

Charles A. Muller, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen M. Walkling
(Notary Public Signature)

Kathleen M. Walkling

(Notary's Printed Name)



Kathleen M. Walkling
My Commission DD224009
Expires June 22, 2007

Seal

My Commission Expires: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME SNOWSHOE, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2004.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3382925

DATE: 09-30-04

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