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Florida Department of State
Division of Corporations
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CNLRS BEP, L.P.

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February 14, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: CNLRS BEP, L.P.
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DIVISION OF CORPORATIONS

P.O. BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. CNLRS BEP, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Texas

(State or Country of Formation)

3. 02/08/2006

(Date of Formation)

4. CT Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

PETER F. SOUZA

ASSISTANT SECRETARY

By: 

Signature of Registered Agent

7. 450 South Orange Avenue, Suite 900

(Principal office address)

Orlando, Florida 328018. If limited partnership is a limited liability limited partnership, check box ☐

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ALMA SEATTLE FLORIDA

9. 450 South Orange Avenue, Suite 900

(Mailing address)

Orlando, Florida 32801

10. Name, principal office address, and mailing address of each general partner:

F06000000892

CNLRS Equity Ventures BEP, Inc.

(Name)

450 South Orange Avenue, Suite 900

(Street Address)

Orlando, Florida 32801

Same

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 10th day of February, 20 06.

Signature of a general partner:

K. B. Hunt
Kevin B. Habicht, EVP of General Partner

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
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TALLAHASSEE, FLORIDA

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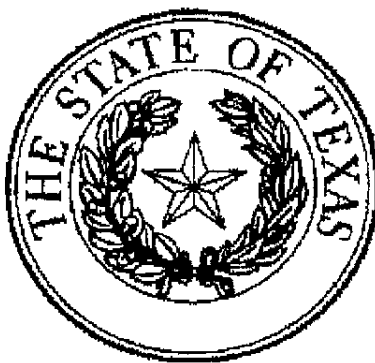
Roger Williams
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CNLRS BEP, L.P. (filing number: 800610104), a Domestic Limited Partnership (LP), was filed in this office on February 08, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 13, 2006.



A handwritten signature in cursive script, reading "Roger Williams".

Roger Williams
Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WEB

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