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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

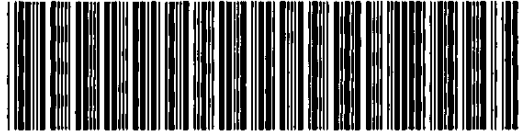
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CNL Retirement DAS Clermont FL, LP

please
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Requested by: _____

Name _____

Date _____

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- ____ Art of Inc. File _____
- ☒ LTD Partnership File _____
- ☒ Foreign Corp. File SP _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

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

FILED
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TALLAHASSEE, FLORIDA

1. CNL Retirement DAS Clermont FL, 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. Delaware

(State or Country of Formation)

3. 11/29/06

(Date of Formation)

4. Douglas R. Maxwell

(Name of Registered Agent for Service of Process)

5. 10739 Deerwood Park Blvd, Suite 200A

(Florida street address for Registered Agent)

Jacksonville, FL 32256

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.



Signature of Registered Agent

7. 7785 Baymeadows Way, Suite 200

(Principal office address)

Jacksonville, FL 32256

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 7785 Baymeadows Way, Suite 200

(Mailing address)

Jacksonville, FL 32256

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

CNL Retirement DAS Clermont FL GP, LLC

(Name)

7785 Baymeadows Way, Suite 200

(Street Address)

Jacksonville, FL 32256

h06000006851

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(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 is 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 11th day of December, 2006.

Signature of a general partner:

CNL Retirement DAS Clermont FL GP, LLC, its general partner

By: CLPF/MMIC Venture L.P., its Sole Member

By: Montecito MOB Management, LLC, its Managing General Partner

By: _____

Douglas R. Maxwell
Douglas R. Maxwell, Vice President & Asst. Secty.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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 DAS CLERMONT FL, 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 NOVEMBER, A.D. 2006.



4259416 8300

061088623

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5236526

DATE: 11-30-06