

03/09/2009 15:27 FAX

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

LINDA A. SCARCELLI

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

RECEIVED
09 MAR -9 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2009 MAR -9 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A. LUNT
MAR 10 2009
EXAMINER

FLORIDA/FOREIGN LP/LLLP

CNL Macquarie Income, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Corporate Filing Menu

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

1. CNL Macquarie Income, LP

(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. March 4, 2009

(Date of Formation)

4. Linda A. Scarcelli

(Name of Registered Agent for Service of Process)

5. 450 So. Orange Avenue

(Florida street address for Registered Agent)

Orlando, FL 32801

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. 450 So. Orange Avenue

(Principal office address)

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

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TALLAHASSEE
FLORIDA

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9. PO Box 4920, Orlando, FL 32802
(Mailing address)

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

CNL Macquarie Income GP, LLC
(Name)

450 So. Orange Avenue
(Street Address)
Orlando, FL 32801

MO9-948
(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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

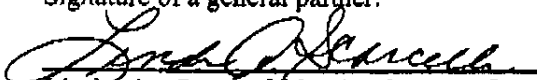
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document 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 9th day of March, 20 09

Signature of a general partner:



Linda A. Scarcelli, Assistant Secretary
of CNL Macquarie Income GP, LLC, General Partner

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL MACQUARIE INCOME, 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 FOURTH DAY OF MARCH, A.D. 2009.

4661471 8300

090235559

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7166253

DATE: 03-04-09

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