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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000236177 3)))



H110002361773ABC

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 24 AM 8:28

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: eileen.soto@cnl.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
CNLSun Two Simi Valley CA Senior Living, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

C. LEWIS

OCT 25 2011

EXAMINER

* Please coordinate filing with fax number H110002361683.

Electronic Filing Menu Corporate Filing Menu

FILED
H110002361773APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

2011 OCT 24 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA1. CNLSun Two Simi Valley CA Senior Living, 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. September 4, 2007

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Amy J. Patterson450 S. Orange AvenueOrlando, FL328015. 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.By: Amy J. Patterson

Signature of Registered Agent

7. Principle Office: (Florida Street Address)

450 S. Orange AvenueOrlando, FL 32801

8. Mailing Address:

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

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

M11000005321

Name of General Partner: CNLSun Two (Pool 1)

Name of General Partner: _____

GP, LLC

Street Address: 450 S. Orange Avenue

Street Address: _____

Orlando, FL 32801

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

H110002361773


Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing 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 10th day of October, 2011

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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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TALLAHASSEE, FLORIDA

H110002361773



10/24/11 15:43 FAX 4076501543

CSS ADMIN

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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 "CNLSUN TWO SIMI VALLEY CA SENIOR LIVING, 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 SECOND DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNLSUN TWO SIMI VALLEY CA SENIOR LIVING, LP" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2007.

4417512 8300

110881780



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8943690

DATE: 08-02-11

H110002361773