

B14000060256

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000263272 3)))



H140002632723ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: DEVI GOOLJAR
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407)650-1000
Fax Number : (407)540-2699

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*
Email Address: DEVI.GOOLJAR@CNL.COM

RECEIVED

14 NOV 12 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA/FOREIGN LP/LLP
2280 Greenville Venture, LP

Table with 2 columns: Description and Value. Rows include Certificate of Status (1), Certified Copy (1), Page Count (03), and Estimated Charge (\$1,061.25).

FILED
14 NOV 12 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. 2280 GREENVILLE VENTURE, 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 3. 11/06/2014  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: Applied for

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

Linda A. Scarcelli  
450 S. Orange Avenue  
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.

By:   
Signature of Registered Agent

7. Principal Office:  
420 S. Orange Avenue  
Suite 950  
Orlando, FL 32801

8. Mailing Address:  
PO Box 4920  
Orlando, FL 32801

**FILED**  
14 NOV 12 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Name of General Partner:	<u>2280 Greenville GP, LLC</u>	Name of General Partner:	_____
Street Address:	<u>420 S. Orange Avenue, Suite 950</u>	Street Address:	_____
	<u>Orlando, FL 32801</u>		_____
Mailing Address:	_____	Mailing Address:	_____
Name of General Partner:	_____	Name of General Partner:	_____
Street Address:	_____	Street Address:	_____
Mailing Address:	_____	Mailing Address:	_____

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

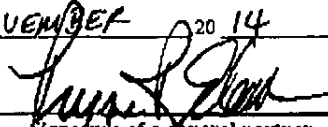
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: Upon qualification  
(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 11 day of NOVEMBER 20 14

  
\_\_\_\_\_  
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

**FILED**  
14 NOV 12 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2280 GREENVILLE VENTURE, 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 SIXTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2280 GREENVILLE VENTURE, LP" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5635082 8300

141377724

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1843373

DATE: 11-06-14