

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-100C 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: Dest. Gootage Car com

FLORIDA/FOREIGN LP/LLLP 2280 Greenville Venture, LP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

Electronic Filing Menu

Corporate Filing Menu

Help

1:0V 1 4 2014

T. HAMPTON

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSA	ACT BUSINESS IN FLORIDA	
1. 2280 GREENVILLE VENTURE, LP (Name of Limited Partnership or Limited Liab Acceptable Limited Partnership suffixes: Limited Partnership suffixes: Acceptable Limited Liability Limited Partnership suffixes:	bility Limited Partnership, which must include suffix) ship. Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable, name under which the limited partne	ership or limited liability limited partnership proposes to register to traids, must contain acceptable suffix.	ansact
2 DELAWARE	3 11/06/2014	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number: Applied for	<u> </u>	
5. Name of Registered Agent for Service of Process and Linda A. Scarcelli	l Florida Street Address:	
450 S. Orange Avenue		
Orlando, FL 32801		
7. Principal Office:	ure of Registered Agent 8. Malling Address:	Carear Carear
420 S. Orange Avenue	PO Box 4920 (0.53) N	10 mg
Suite 950	Orlando, FL 32801 mg	من -
Oriando, FL 3280)	FLO:	ი - ა
9. If limited partnership is a limited liability limited pa	<u> </u>	Σ Σ
10. Name, principal office address, and mailing addres	•	
Name of General Partner: 2280 Greenville GP, LLC	Name of General Partner:	
Street Address: 420 S. Orange Avenue, Suite 950	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:____

	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 Florido Department of State.)		
. 12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Socretary of State or other official the law of which it is organized.	than 90 days prior to the delivery of this application to the	
Signed this II day ofNOUEMBET-	20 14	
Signature of a	reneral 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): Certificate of Status (optional):

\$52.50 \$8.75

Page 2 of 2



Delaware

PACE 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 BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5635082 8300

141377724

Jeffrey W. Bullock, Secretary of State

DATE: 11-06-14

You may verify this certificate online