

B150000241

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.

(((H15000211091 3)))



H150002110913ABCU

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: Account Name : CNL FINANCIAL GROUP, INC
 Account Number : 113615003626
 Phone : (407) 650-1000
 Fax Number : (407) 540-7522

2015 SEP - 1 A 8:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.sob@cni.com

**FLORIDA/FOREIGN LP/LLP
 CHP Abilene TX Holding, LP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

RECEIVED

15 SEP - 1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 02 2015
D. BRUCE

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

1. CHP Abilene TX Holding, 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. August 28, 2015

Date of Formation

4. Federal Employer Identification Number: applied for

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

Amy J. Patterson

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.



Signature of Registered Agent

7. Principal Office:

450 S. Orange Avenue

Orlando, FL 32801

8. Mailing Address:

PO Box 4920

Orlando, FL 32802-4920

2015 SEP - 11 A 18:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: CHP Abilene TX Holding GP, LLC

Name of General Partner: _____

Street Address: 450 S. Orange Avenue

Street Address: _____

Orlando, FL 32801

Mailing Address: PO Box 4920

Mailing Address: _____

Orlando, FL 32802-4920

Name of General Partner: M15-14917

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: _____
(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 1st day of September, 2015.

BY: CHP Abilene TX Holding LP, LLC, as GP



Signature of a general partner

By: Amy J. Patterson, Authorized Agent of GP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP - 1 A 8:49

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP ABILENE TX HOLDING, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP ABILENE TX HOLDING, LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2015.



5812432 8300

151232326

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2688617

DATE: 08-31-15