

F00000006128

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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.

((H00000057574 6)))

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) 922-4003

From: Amy Patterson

Account Name : CNL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000 Direct dial: 407-650-1068
Fax Number : (407) 650-1065

FOREIGN PROFIT QUALIFICATION

CNL Hospitality Leasing Corp.

Certificate of Status	3
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

Electronic Filing Menu

Corporate Filing

Public Access Help

00 NOV - 1 PM 4: 23

FILED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

00 NOV - 1 PM 3: 59

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H00000057574 6

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CNL HOSPITALITY LEASING CORP.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present)

2. Delaware

(State or country under the law of which it is incorporated)

3. Applied for

(FBI number, if applicable)

4. 10/27/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qual

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 450 S. Orange Avenue, Orlando, FL 32801

(Principal office address)

P.O. Box 4920, Orlando, FL 32802

(Current mailing address)

Lessee of commercial real property.

8. _____

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Robert A. Bourne

Office Address: 450 S. Orange Avenue

Orlando

(City)

, Florida 32801

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
NOV - 1 PM 4:23
STATE
TALLAHASSEE FLORIDA

H00000057574 6

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James M. Seneff, Jr.Address: 450 S. Orange AvenueOrlando, FL 32801Director: Robert A. BourneAddress: 450 S. Orange AvenueOrlando, FL 32801

B. OFFICERS

President: Robert A. BourneAddress: 450 S. Orange AvenueOrlando, FL 32801Vice President: Charles A. MullerAddress: 450 S. Orange AvenueOrlando, FL 32801Secretary: Lynn E. RoseAddress: 450 S. Orange Avenue Orlando, FL 32801Treasurer: Robert A. BourneAddress: 450 S. Orange Avenue Orlando, FL 32801

SEE ATTACHMENT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert A. Bourne, President

(Typed or printed name and capacity of person signing application)

H00000057574 6

H00000057574 6

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida**Officers & Directors**

- | | | |
|----|-------------------|--------------------------|
| 1. | Full Name: | James M. Seneff, Jr. |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | CEO |
| | Director's Title: | Chairman |
| | Business Address: | 450 S. Orange Avenue |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |
| 2. | Full Name: | Robert A. Bourne |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President/Treasurer |
| | Business Address: | 450 S. Orange Avenue |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |
| 3. | Full Name: | Charles A. Muller |
| | Officer/Director: | Officer |
| | Officer's Title: | EVP |
| | Business Address: | 450 S. Orange Avenue |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |
| 4. | Full Name: | Thomas J. Hutchison, III |
| | Officer/Director: | Officer |
| | Officer's Title: | EVP |
| | Business Address: | 450 S. Orange Avenue |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |
| 5. | Full Name: | C. Brian Strickland |
| | Officer/Director: | Officer |
| | Officer's Title: | Sr. VP - Fin & Admin |
| | Business Address: | 450 S. Orange Avenue |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |
| 6. | Full Name: | Lynn E. Rose |
| | Officer/Director: | Officer |
| | Officer's Title: | Secretary |
| | Business Address: | 450 S. Orange Avenue |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |

FILED
00 NOV - 1 PM 14:23
STATE OF FLORIDA
TALLAHASSEE

H00000057574 6

7. Full Name: Kyle L. WhiteJohnson
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 450 S. Orange Avenue
City: Orlando
State: FL
ZIP Code: 32801

FILED
00 NOV - 1 PM 4: 23
STATE
TALLAHASSEE FLORIDA

H00000057574 6

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL HOSPITALITY LEASING CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2000.

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



Edward J. Freel, Secretary of State

3308503 8300

AUTHENTICATION: 0761979

001543806

DATE: 10-30-00

H00000057574 6

FILED
00 NOV -1 PM 4:23
STATE OF FLORIDA