

F020000000094

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.

(((H02000004785 0)))

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) 205-0383

From:

SUZANNE M. McLAUGHLIN

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

AL

FOREIGN PROFIT QUALIFICATION

CNL Retirement - GP/Illinois Corp.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -7

RECEIVED
02 JAN -8 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H02000004785 0

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNL Retirement - GP/Illinois Corp.
(Name of corporation - must include suffix)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -7

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Linda A. Scarcelli
(Name of Person)
CNL Financial Group, Inc.
(Firm/Company)
PO Box 4920
(Address)
Orlando FL 32802-4920
(City/State and Zip code)

For further information concerning this matter, please call:

Suzanne M. McLaughlin at (407) 650-1549
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

H02000004785 0

H02000004785 0

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 Retirement - GP/Illinois 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
(FEI number, if applicable)
4. 1/04/2002
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(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)
PO Box 4920, Orlando FL 32802-4920
(Current mailing address)
8. General partner of limited partnership
(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: Linda A. Scarcelli
Office Address: 450 S. Orange Avenue
Orlando, Florida 32801
(City) (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.



(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN -7

H02000004785 0

H02000004785 0

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

A. DIRECTORS

Chairman: James M. Seneff, Jr.
Address: 450 S. Orange Avenue, Orlando FL 32801

Vice Chairman: _____

Address: _____

Director: Robert A. Bourne
Address: 450 S. Orange Avenue, Orlando FL 32801

Director: _____

Address: _____

B. OFFICERS

President: Robert A. Bourne
Address: 450 S. Orange Avenue, Orlando FL 32801

Vice President: Bradley B. Rush
Address: 450 S. Orange Avenue, Orlando FL 32801

Secretary: Lynn E. Rose
Address: 450 S. Orange Avenue, Orlando FL 32801

Treasurer: Robert A. Bourne
Address: 450 S. Orange Avenue, Orlando FL 32801

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

13. Linda A. Scarcelli
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Linda A. Scarcelli, Assistant Secretary
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -7

H02000004785 0

H02000004785 0

CNL RETIREMENT - GP/ILLINOIS CORP.

Additional Officers:

James M. Seneff, Jr.
450 S. Orange Avenue
Orlando FL 32801
Chief Executive Officer

Thomas J. Hutchison, III
450 S. Orange Avenue
Orlando FL 32801
Executive Vice President

Phillip M. Anderson
450 S. Orange Avenue
Orlando FL 32801
Executive Vice President

Linda A. Scarcelli
450 S. Orange Avenue
Orlando FL 32801
Assistant Secretary

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -7

H02000004785 0

H02000004785 0

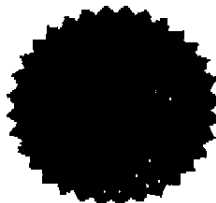
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT - GP/ILLINOIS 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 SEVENTH DAY OF JANUARY, A.D. 2002.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -7



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1544102

3477452 8300

020009697

DATE: 01-07-02

H02000004785 0