Division

Florida Department of State

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

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065

FEB

FOREIGN PROFIT QUALIFICATION

CNL Hospitality Services, Inc.

Certificate of Status	
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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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 Services, Inc. (Name of corporation; must include the word "INCORPORA" words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	arly	indicate that it is a corporation instead of a		
2.	Delaware	3.	60-0001873		
	(State or country under the law of which it is incorporated)	•	(FEI number, if applicable)		
4.	12/12/01	5.	Perpetual		
	(Date of incorporation)		(Duration: Year corp. will cease to exist or	perpetu	al")
б.	Upon qualification				
	(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.150		transacted business in Florida, insert "upon qual 07.1502 and 817.155, F.S.)	ification	l.")
7.	450 So. Orange Avenue, Orlando, F. (Principal		32801-3336 ce address)		TALI
	P. O. Box 4920, Orlando, FL 3280	2-4	920		<u>∑</u>
	(Current m	ızilir	ng address)	2	₹ -
8.	Parent holding company			33	
	(Purpose(s) of corporation authorized in home	state	or country to be carried out in state of Florida)	က်	S S
9.	Name and street address of Florida registered agent:	(P.	O. Box or Mail Drop Box NOT acceptable)		
	Name: <u>Linda A. Scarcelli</u>				
Qf	fice Address: 450 So. Orange Avenue				
	Orlando, FL (City)		, Florida <u>32801-3336</u> (Zīp 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.

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 baving custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

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CNL Hospitality Services, Inc.

The address for all officers and directors is:

450 So. Orange Avenue Orlando, FL 32801-3336

Directors:

Robert A. Bourne James M. Seneff, Jr.

Officers

Thomas J. Hutchison, III C. Brian Strickland Tammie A. Quinlan Titl<u>e</u>

President and CEO

Executive Vice President and Treasurer

Vice President and Secretary

SECRETARY OF SIALLANASSEE, FLORIDA

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$State\ of\ Delaware$

Office of the Secretary of State PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL HOSPITALITY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A REGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 2001.







Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 1500845

DATE: 12-13-01 HD2000029573