

# F0300 0004277

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To:

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Fax Number : (850) 205-0383  
Kathleen M. Walking

From:

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

## FOREIGN PROFIT QUALIFICATION

DEARBORN TENANT CORP.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

03 Aug 26 PM 03  
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03

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FLORIDA DEPARTMENT OF STATE

Glanda E. Hood  
Secretary of State

August 26, 2003

CNL FINANCIAL GROUP, INC.

SUBJECT: DEARBORN TENANT CORP.  
REF: W03000024373

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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H030002615661

**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. Dearborn Tenant 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. 08/15/2003

(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. Transacting business as manager/operator of hotel

(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

(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.*



(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.

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

## A. DIRECTORS

Chairman: SEE ATTACHED

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: SEE ATTACHED

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Linda A. Scarcelli, Asst. Secretary

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

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TALLAHASSEE, FLORIDA

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08/22/2003

Dearborn Tenant Corp.**Dearborn Tenant Corp.**

<u>Name</u>	<u>Title</u>	<u>Business</u>
Robert A. Bourne	Director	450 S. Orange Avenue Orlando, FL 32801
	Treasurer	
John A. Griswold	President	450 S. Orange Avenue Orlando, FL 32801
Thomas J. Hutchison, III	Chief Executive Officer	450 S. Orange Avenue Orlando, FL 32801
Charles A. Muller	Executive Vice President	450 S. Orange Avenue Orlando, FL 32801
Tammie A. Quinlan	Senior Vice President	450 S. Orange Avenue Orlando, FL 32801
Lynn E. Rose	Secretary	450 S. Orange Avenue Orlando, FL 32801
Linda A. Scarcelli	Assistant Secretary	450 S. Orange Avenue Orlando, FL 32801
James M. Seneff, Jr.	Director	450 S. Orange Avenue Orlando, FL 32801
	Chairman	
C. Brian Strickland	Executive Vice President	450 S. Orange Avenue Orlando, FL 32801

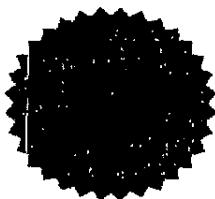
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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEARBORN TENANT 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 EIGHTEENTH DAY OF AUGUST, A.D. 2003.

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3693338 8300

AUTHENTICATION: 2587211

030534362

DATE: 08-18-03

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