06 SEP 29 PM 1: 17

Division of Corporations **Public Access System**

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.

(((H06000240324 3)))



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)205-0381

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407)650-1000 Fax Number : (407)540-2699

FOREIGN PROFIT/NONPROFIT CORPORATION

CNL Income Snoqualmie TRS Corp.

Certificate of Status	. 0
Certified Copy	. 1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/29/2006

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 income Snoqualmie TRS Corp. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware 3. pending				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
•				
- Delaware . nending				
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4. September 27, 2006 5, perpetual				
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6. upon qualification				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
_{7.} 450 S. Orange Ave., Orlando, FL 32801				
(Principal office address)				
P.O. Box 4920, Orlando, FL 32802				
(Ourrent mailing address)				
8. Lessor of personal property				
(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 NOT acceptable)				
Name: Linda A. Scarcelli				
Office Address: 450 S. Orange Ave.				
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 dution 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 having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

H06000240324 3

12. Names and business addresses of officers and/or directors:	-		•	% ⁹⁶ 60
A. DIRECTORS				~~~
Chairman: please see attached addendum				
Address:	· ·			
Vice Chairman:				
Address:		·· ·		
Director:				 .
Address:	<u></u>	······································		
Director:	=======================================	······································		 ,
Address:				
B. OFFICERS				·
President:	· -			<u> </u>
Address:				· ·
Vice President:	*			
Address:		<u> </u>		
Secretary:				
Address:				, , , , , , , , , , , , , , , , , , ,
Treasurer:		· · · · · · · · · · · · · · · · · · ·		
Address:			· 	
NOTE: If necessary, you may attach an addendum to the application	m listing addition	nal officers and	or directors.	
(Signature of Director or Officer listed in num	aber 12 of the ap	plication)		
14. Linda A. Scarcelli, Asst. Sec.				 _;;

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

n. Seco. F

H06000240324 3 VISION OF

OS SED S

CNL Income Snoqualmie TRS Corp.

Director	Title	Address
Raymon Byron Carlock, Jr.	Director	450 S. Orange Ave., Orlando, FL 32801
Charles A. Muller	Director	450 S. Orange Ave., Orlando, FL 32801
Tammie A. Quinlan	Director	450 S. Orange Ave., Orlando, FL 32801
John L. Fridlington	Independent Director	445 Broad Hollow Rd., Suite 239, Melville, NY 11747
David V. DeAngelis	Independent Director	445 Broad Hollow Rd., Suite 239, Melville, NY 11747

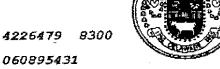
Officer	Title	Address
Raymon Byron Carlock, Jr.	President	450 S. Orange Ave., Orlando, FL 32801
Robert A. Bourne	Treasurer	450 S. Orange Ave., Orlando, FL 32801
Charles A. Muller	Executive Vice President	450 S. Orange Ave., Orlando, FL 32801
Tammie A. Quinlan	Executive Vice President	450 S. Orange Ave., Orlando, FL 32801
	Secretary	
Myron Thomas	Vice President of Corporate Finance and Treasury	450 S. Orange Ave., Orlando, FL 32801
Linda A. Scarcelli	Assistant Secretary	450 S. Orange Ave., Orlando, FL 32801

HO6000240324 3



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME SNOQUALMIE TRS 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2006.



AUTHENTICATION: 5077308

DATE: 09-28-06

H06000240324 3