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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 Golf Group, Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

1	1	/10	/200B	15.1	1 FAY

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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 Income Golf Group, Inc.	DOMINED IN THE STATE OF PROJUCE.
(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
me., co., corp, me, co, or corp.)	
<u> </u>	·
(If name unavailable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
	_{3.} 33-0886486
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
	5. perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification	
	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
7, 450 S. Orange Ave., Orlando, Fl	L 32801
(Principal office ac	•
P.O. Box 4920, Orlando, FL 328	
(Current mailing ac	ddress)
8. Gulf coarse operation	
(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, Ass	st. Sec. ≅≘ 9
Office Address: 450 S. Orange Ave.	LLA.
Orlando	
(City)	(Zip code)
10. Registered agent's acceptance:	=
Having been named as registered agent and to accept ser	vice of process for the above stated corporation di the place
designated in this application, I hereby accept the appoint	tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties
and I am familiar with and accept the obligations of my p	remare to the proper and complete performance of my autie: position as registered agent.
Janel / Starce	
(Registered agent's signature	B }

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	
Please see attached	
Address:	
/ice Chairman:	
Address:	
Director:	
address:	
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Pirector:	CRE NO F
Address:	and the second s
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. OFFICERS	TOURD TO TO TO TO THE TOUR TO THE TOUR TO THE TOUR TO THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR
resident:	DA 5
Address:	
/ice President:	
Address:	
ecretary:	
.ddress;	
reasurer:	
.ddress:	
	
NOTE: If necessary, you may attach an addendum to the ap	plication listing additional officers and/or directors.
3. (Signature of Director or Officer listed	in number 12 of the amplication)
Linda A. Scarcelli, Asst. Sec.	as admines to as the appropriately
(Typed or printed name and capacity	- C

H06000284312 3

CNL Income Golf Group, Inc.

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

Officer	Title	Address
Raymon Byron Carlock, Jr.	President & CEO	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

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SECRETARY OF STATE
SECRETARY OF STATE

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME GOLF GROUP, INC" 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-SEVENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 5153288

DATE: 10-27-06

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