

# F07000000965

Florida Department of State  
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.**

((H07000032434 3))



H07000032434ABCX

**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

FILED  
07 FEB 20 PM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION

CNL Income Enchanted Village TRS Corp.

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

Electronic Filing Menu

Corporate Filing Menu

Help

1/11

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
BUSINESS IN FLORIDA**

H07000032434 3

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 Enchanted Village TRS Corp.**

(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)

**2. Delaware**

(State or country under the law of which it is incorporated)

**3. pending**

(FEI number, if applicable)

**4. January 19, 2007**

(Date of incorporation)

**5. perpetual**

(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**

(Current 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

(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.

H07000032434 3

FILED  
07 FEB 20 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

07 FEB 20 AM 11:13

H07000032434 3

**A. DIRECTORS**

Chairman: Please see attached

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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

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

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

**B. OFFICERS**

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

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 Director or Officer listed in number 12 of the application)

14. Linda A. Scarcelli, Asst. Sec.

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

H07000032434 3

H07000032434 3

**CNL Income Enchanted Village TRS Corp.**

Director/Manager	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

FILED  
07 FEB 20 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000032434 3

H07000032434 3

# Delaware

PAGE 1

*The First State*

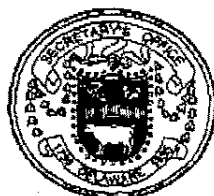
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME ENCHANTED VILLAGE TRS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2007.

07 FEB 20 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

4288139 8300

070065725



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5370122

DATE: 01-22-07

H07000032434 3