

F09000000957

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.

((H09000054828 3)))



H090000548283ABC3

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) 617-6381

From:

LINDA A. SCARCELLI
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

FILED
09 MAR -9 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

CNL Macquarie Global Income Trust, Inc.

EP 3/10/09

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H09000054828 3

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 Macquarie Global Income Trust, Inc.**

(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. **Maryland**

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

3. **26-4386951**

(FEI number, if applicable)

4. **March 4, 2009**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **450 So. Orange Avenue, Orlando, FL 32801**

(Principal office address)

PO Box 4920, Orlando, FL 32802

(Current mailing address)

8. **Investments in real estate**

(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 So. 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.

H09000054828 3

FILED
09 MAR -9 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000054828 3

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

A. DIRECTORSChairman: James M. Seneff, Jr.Address: 450 So. Orange Avenue
Orlando, FL 32801

Vice Chairman: _____

Address: _____

Director: Matthew S. BanksAddress: One North Wacker Drive
Chicago, IL 60606

Director: _____

Address: _____

B. OFFICERSPresident: Curtis B. McWilliamsAddress: 450 So. Orange Avenue, Orlando, FL 32801

Vice President: _____

Address: _____

Secretary: Linda A. Scarcelli, Assistant SecretaryAddress: 450 So. Orange Avenue, Orlando, FL 32801

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, Assistant Secretary

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

FILED
09 MAR -9 AM 11:25
RECEIVED MAY 11 STATE
TALLAHASSEE, FLORIDA

H09000054828 3

STATE OF MARYLAND
Department of Assessments and Taxation

H09000054828 3

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CNL MACQUARIE GLOBAL INCOME TRUST, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 04, 2009.



Paul B. Anderson
 Charter Division



FILED
 09 MAR -9 AM 11:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

301 West Preston Street, Baltimore, Maryland 21201
 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0005666627
 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
 Fax (410) 333-7097 H09000054828 3
 CRTGST