

07/20/2009 16:24 FAX

Division of Corporations

001

Page 1 of 1

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.

(((H09000166378 3)))



H090001663783ABC7

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: **AMY J. PATTERSON**
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000 1540
Fax Number : (407) 540-2699

FILED
09 JUL 20 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

CNL Income TRS Lending Corp.

4p 7/21/09

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

RECEIVED
DEPARTMENT OF STATE
09 JUL 20 PM 4:42

Electronic Filing Menu

Corporate Filing Menu

Help

H09000166378 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 Income TRS Lending Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "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. Applied for

(FEI number, if applicable)

4. July 20, 2009

(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 Avenue

(Principal office address)

Orlando, FL 32801

(Current mailing address)

8. to provide financing for unencumbered property outside the State of Florida

(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 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.

H09000166378 3

H09000166378 3

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

A. DIRECTORS

Chairman: PLEASE SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
09 JUL 20 AM 11 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: PLEASE 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 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)

H09000166378 3

EO90000166378 3

FILED

09 JUL 20 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

005

CNL INCOME TRS LENDING CORP.

DIRECTORS		
Name	Title	Address
Muller, Charles A.	Director	450 S. Orange Ave., Orlando, FL 32801
Culbren, Tammie A.	Director	450 S. Orange Ave., Orlando, FL 32801
Sinelli, Amy	Director	450 S. Orange Ave., Orlando, FL 32801
OFFICERS		
Scarcell, Linda A.	Assistant Secretary	450 S. Orange Ave., Orlando, FL 32801
Muller, Charles A.	Executive Vice President	450 S. Orange Ave., Orlando, FL 32801
Quahlan, Tammie A.	Executive Vice President	450 S. Orange Ave., Orlando, FL 32801
Carlock, M., Raymon Byron	President	450 S. Orange Ave., Orlando, FL 32801
Sinelli, Amy	Secretary	450 S. Orange Ave., Orlando, FL 32801
Johnson, Joseph T.	Senior Vice President	450 S. Orange Ave., Orlando, FL 32801
Sinelli, Amy	Senior Vice President	450 S. Orange Ave., Orlando, FL 32801
Bourne, Robert A.	Treasurer	450 S. Orange Ave., Orlando, FL 32801

07/20/2009 16:14 FAX

EO90000166378 3

H09000166378 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME TRS LENDING 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 TWENTIETH DAY OF JULY, A.D. 2009.

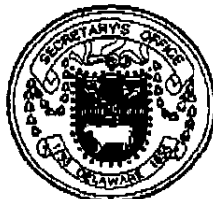
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
09 JUL 20 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4711198 8300

090710809

You may verify this certificate online
at corp.delaware.gov/authover.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7426976

DATE: 07-20-09

H09000166378 3