

01/19/2010 16:51 FAX

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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.

(((H10000009763 3)))



H100000097633ABC-

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

AMY J. PATTERSON

From:

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-3800
Fax Number : (407) 540-2699

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: amy.patterson@cnl.com

FOREIGN PROFIT/NONPROFIT CORPORATION

CNL Income Ski Lift TRS Corp.

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

RECEIVED
10 JAN 19 PM 3:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2010 JAN 19 P 12:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

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 Ski Lift 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. 27-1645866

(FEI number, if applicable)

4. January 7, 2010

(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, Orlando, FL 32801-3336

(Principal office address)

PO Box 4920, Orlando, FL 32802-4920

(Current mailing address)

8. owner/lessor of commercial real 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 Avenue

Orlando

(City)

, Florida 32801

(Zip code)

FILED
2010 JAN 19 P 12 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By: Linda A. Scarcelli

(Registered agent's signature)

Linda A. Scarcelli

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.

H10000009763 3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: PLEASE SEE ATTACHED

Address: _____

Director: _____

Address: _____

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)

FILED
2010 JAN 19 P 12 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Management Structure	
Entity Name	CNL Income Sld Lft TRS Corp.

Name	Title	Address
Johnson, Joseph T.	Director	450 S. Orange Avenue, Orlando, FL 32801
Muller, Charles A.	Director	450 S. Orange Avenue, Orlando, FL 32801
Quinlan, Tammie A.	Director	450 S. Orange Avenue, Orlando, FL 32801
Muller, Charles A.	Executive Vice President	450 S. Orange Avenue, Orlando, FL 32801
Quinlan, Tammie A.	Executive Vice President	450 S. Orange Avenue, Orlando, FL 32801
Carlock, Jr., Raymon Byron	President	450 S. Orange Avenue, Orlando, FL 32801
Johnson, Joseph T.	Secretary	450 S. Orange Avenue, Orlando, FL 32801
Johnson, Joseph T.	Senior Vice President	450 S. Orange Avenue, Orlando, FL 32801
Redlich, Kay	Senior Vice President Finance & Technology	450 S. Orange Avenue, Orlando, FL 32801
Bourne, Robert A.	Treasurer	450 S. Orange Avenue, Orlando, FL 32801
Greer, Holly	Vice President	450 S. Orange Avenue, Orlando, FL 32801
Scarcelli, Linda A.	Assistant Secretary	450 S. Orange Avenue, Orlando, FL 32801

FILED

2010 JAN 19 P 12 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000009763 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME SKI LIFT 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 EIGHTH DAY OF JANUARY, A.D. 2010.

FILED

2010 JAN 19 P 12 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4774537 8300

100019052

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7746414

DATE: 01-08-10

H10000009763 3