Division of Corporations Electronic Filing Cover Sheet

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(((H110000394473)))



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To:

Division of Corporations

Prom: AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407)650-1000

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. annual report mailings. Enter only one email address please. **

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Rmail	Address:	amy anthomorphical com	

FOREIGN PROFIT/NONPROFIT CORPORATION CC3 Acquisition TRS Corp.

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Corporate Filing Menu

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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.

	orp," "Inc," "Co," or "Corp.")	
(If name unavail	able in Florida, enter alternate corporate nam	c adopted for the purpose of transacting business in Florida)
Delaware	3	80-0660059
	under the law of which it is incorporated)	(FEI number, if applicable)
November 5	5, 2010	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Upon regist		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
, 450 S. Ora	nge Avenue, Orlando, FL 328	301
· · · · · · · · · · · · · · · · · · ·	(Principal office ad	
Attn: Office	e of General Counsel PO E	lox 4920, Orlando, FL 32802-4920
	(Current mailing a	idress)
owner of li	mited lighility company inter	osts
	mited liability company inter	
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)
(Purpose(et address of Florida registered agent: (P	country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida) O. Box NOT acceptable)
(Purpose) 9. Name and stree Name:	et address of Florida registered agent: (P	country to be carried out in state of Florida) O. Box NOT acceptable)
(Purpose) P. Name and stree Name:	et address of Florida registered agent: (P Linda A. Scarcelli	country to be carried out in state of Florida) O. Box NOT acceptable)
(Purpose) 9. Name and stree Name:	et address of Florida registered agent: (P Linda A. Scarcelli 450 S. Orange Avenue	country to be carried out in state of Florida) O. Box NOT acceptable)
(Purpose) P. Name and stree Name: Office Address:	of corporation authorized in home state or et address of Florida registered agent: (Particle A. Scarcelli 450 S. Orange Avenue Orlando (City)	.O. Box NOT acceptable)
(Purpose) P. Name and stree Name: Office Address: 10. Registered a Having been name	et address of Florida registered agent: (P Linda A. Scarcelli 450 S. Orange Avenue Orlando (City) gent's acceptance: sed as registered agent and to accept sen	O. Box NOT acceptable) O. Box NOT acceptable) O. Florida 32801 (Zip code) vice of process for the above stated corporation at the plan
(Purpose) 9. Name and stree Name: Office Address: 10. Registered a Having been nan designated in this	et address of Florida registered agent: (Parida A. Scarcelli 450 S. Orange Avenue Orlando (City) gent's acceptance: de as registered agent and to accept sent application, I hereby accept the appoint	country to be carried out in state of Florida) O. Box NOT acceptable) , Florida 32801 (Zip code) vice of process for the above stated corporation at the plantment as registered agent and agree to act in this capacity
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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.

H11000039447 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: B. OFFICERS President: PLEASE SEE ATTACHED Address: Vice President: Vice President: Address: Secretary: Address: Treasure: Address: NOTE: If necessary, you have struch an addendum to the application listing additional officers and/or directors. 13. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or size is aware that false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.35, F.S. 14. Joseph T. Johnson, Sr. Vice President	•				
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CC3 Acquisition TRS Corp.

•	Phone No.	(407) 650-1000	(407) 650-1000	11 EEB		(613) 587-4700 E	(613) 587-4700
Directors and Officers	Address	450 S. Orange Ave. Orlando, FL 32801	450 S. Orange Ave. Orlando, FL 32801	450 S. Orange Ave. Orlando, FL 32801	450 S. Orange Ave. Orlando, FL 32801	68 So. Service Road, Suite 120 Melville, NY 11747	68 So. Service Road, Suite 120 Melville, NY 11747
Die	Title	Director Executive Vice President/ Chief Financial Officer	Director President	Director Sr. Vice President/ Secretary	Vice President	Independent Director	Independent Director
	Name	Tammíe A. Quinlan	Charles A. Muller	Joseph T. Johnson	Holly Greer	Rebecca Bass	Wayne Schonland

Delaware ...

H11000039447.3

11 FEB 15 AM 11: 44

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CC3 ACQUISITION 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2011.

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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CC3 ACQUISITION TRS CORP." WAS INCORPORATED ON THE FIFTH DAY OF NOVEMBER, A.D. 2010.

4894890 8300

110154229

You may verify this certificate only at corp. delawers. cov/authour. shiml

Jeffley W. Bullock, Secretary of State CATION: 85591.00

DATE: 02-14-11