

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

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.\*\*

Email Address:

eileen.soto@cnl.com

### FOREIGN PROFIT/NONPROFIT CORPORATION

#### CLP SL III TRS Corp

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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J. Shivers OCT 25 2011

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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.

1. CLP SL III 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. 45-3038688

(FEI number, if applicable)

4. August 16, 2011

(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

(Principal office address)

Attn: Legal Compliance Dept., PO Box 4920, Orlando, FL 32802-4920

(Current mailing address)

8. owner of limited liability company interests

(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: Amy J. Patterson

Office Address: 450 S. Orange Avenue

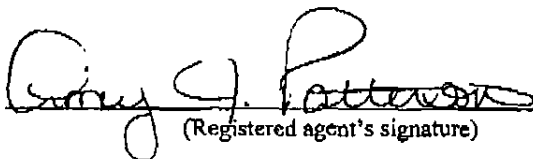
Orlando, Florida 32801

(City)

(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.

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLP SL III 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 SIXTEENTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLP SL III TRS CORP." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2011.

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

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8973520

DATE: 08-16-11

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## 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: \_\_\_\_\_

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

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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Amy J. Patterson, Assistant Secretary

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

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**CLP SL III TRS Corp.****DIRECTORS****Name****Address**

Sharon A. Yester

450 S. Orange Ave., Orlando, FL 32801

Holly Greer

450 S. Orange Ave., Orlando, FL 32801

Joseph T. Johnson

450 S. Orange Ave., Orlando, FL 32801

**OFFICERS****Name****Title****Address**

Stephen H. Mauldin

President

450 S. Orange Ave., Orlando, FL 32801

Sharon A. Yester

Sr. Vice President

450 S. Orange Ave., Orlando, FL 32801

Holly Greer

Sr. Vice President/  
Secretary

450 S. Orange Ave., Orlando, FL 32801

Joseph T. Johnson

Sr. Vice President

450 S. Orange Ave., Orlando, FL 32801

Kevin R. Maddron

Sr. Vice President

450 S. Orange Ave., Orlando, FL 32801

Kay S. Redlich

Sr. Vice President

Finance &amp; Technology 450 S. Orange Ave., Orlando, FL 32801

Robert A. Bourne

Treasurer

450 S. Orange Ave., Orlando, FL 32801

Amy J. Patterson

Assistant Secretary

450 S. Orange Ave., Orlando, FL 32801

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