

# 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.

(((H130002181053)))



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:

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

### FOREIGN PROFIT/NONPROFIT CORPORATION CHP Tillamook-Five Rivers OR Tenant Corp.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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.

<sub>ı.</sub> CHP Tilla	mook-Five Rivers OR Te	nant Corp		•
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)	
Delaware	3	37-1741195		
(State or country u	under the law of which it is incorporated)	(FEI number, if applicable)		
, Septembe	er 13, 2013	perpetual		
••	of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")	
6.	UPAN QUALIFICA	جوبر جوبر		
	(Date first transacted business	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 450 S. Ora	ange Avenue, Orlando, 🤄	<u> 3</u> 2801	₽s ±	
	(Principal office add	iress)		
PO Box 49	920, Orlando, FL 32802-49	20	NOV VANA	-11
	(Current mailing add	iress)	SS.	3
s. <u>  less</u>	ce of senior liv	und facility	PH SEE FL	in
(Purpose(s)	of corporation authorized in home state or c	ountry to be carried out in state of Florida)	S2 :	***************************************
9. Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Amy J. Patterson	·		
Office Address:	450 S. Orange Avenue	<del></del>		
0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Orlando	 Elorida 32801		
	(City)	, Florida <u>3200 I</u> (Zip code)		
	· · · · · · · · · · · · · · · · · · ·	<b>\</b> //		

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)

<sup>11.</sup> 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.

12. Names and pusitiess audiesses of officers and/or directors.	
A. DIRECTORS	
Chairman: PLEASE SEE ATTACHED	
Address:	
Vice Chairman:	
Address:	100
Director:	,. <u></u> ,.
Address:	
Director:	
Address:	
B. OFFICERS	
President: PLEASE SEE ATTACHED	
Address:	AS A
	AFE OV TH
Vice President:	SS 5
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Address:	
G	TE. R
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applica	
13. Signature of Director	or Officer
The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S.	number 12 above) affirms that the facts stated herein
14. Amy J. Patterson, Assistant Secretary	

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

#### **DIRECTORS**

Holly J. Greer 450 S. Orange Avenue, Orlando, FL 32801 Joseph T. Johnson 450 S. Orange Avenue, Orlando, FL 32801 Stephen H. Mauldin 450 S. Orange Avenue, Orlando, FL 32801

#### **OFFICERS**

The business address for all officers below is: 450 S. Orange Avenue, Orlando, FL 32801

<u>OFFICERS</u>	TITLE	
Stephen H. Mauldin Joseph T. Johnson Tracey Bracco Ixhcell C. Duarte Holly J. Greer Kevin R. Maddron	President Senior Vice President, Treasurer Vice President Senior Vice President Secretary, Senior Vice President Senior Vice President	
Amy J. Patterson Ashley Peeper Kay S. Redlich John F. Starr Joshua J. Taube Steven M. Wortman Erin M. Gray	Assistant Secretary Vice President (limited purpose of executing tax Senior Vice President Finance & Technology Senior Vice President Vice President Senior Vice President Vice President Vice President	13 NOV -5 PM 1: 0  SECRETARY OF STATE TALLAHASSEE FLORE

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHP TILLAMOOK-FIVE RIVERS OR TENANT

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 SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP TILLAMOOR-FIVE RIVERS OR TENANT CORP." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2013.

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

FILED

18 NOV -5 PH 1: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

5398800 8300

131088173

You may verify this cortificate unline at corp.delaware.cov/authors.ahtml Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 0737668

DATE: 09-16-13