# 07000059534

(Re	equestor's Name)	
(Ac	Idress)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OF LIN -5 PM 1: 16

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CNL Senior Housing I M	
(Name of Resulting Flo	rida Limited Company)
The enclosed Certificate of Conversion, Articl convert an "Other Business Entity" into a "Flo accordance with s. 608.439, F.S.	
Please return all correspondence concerning th	nis matter to:
Linda A. Scarcelli	07 JUH -5 PH 1: 10
(Contact Person)	
CNL Financial Group, Inc.	
(Firm/Company)	-P
450 So. Orange Avenue	
(Address)	•
Orlando, FL 32801-3336	C
(City, State and Zip Code)	
For further information concerning this matter	, please call:
Linda A. Scarcelli	t ( 407 ) 650-1552
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees \$155.00 Filing Fees and Certificate of Status of Organization \$155.00 Filing Fees are \$155.00 Filing Fees	\$180.00 Filing Fees, and Certified Copy  Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability
Company in accordance with s.608.439, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: CNL Senior Housing, Inc. # \$\text{P05000} \tag{13380}\$\tag{1}
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on September 29, 2005
(Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CNL Senior Housing I Member, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as t	he
Signed this 4th day of June		
Signature of Authorized Person:	O Scarces	
Printed Name: Linda A. Scarcelli Title	Secretary	
Fees:		OT JUN -5 PM 1: 1
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	16

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# CNL Senior Housing I Member, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

**Mailing Address:** 

450 So. Orange Avenue

Orlando, FL 32801-3336

Post Office Box

Orlando,FL 32802-4920

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Linda A. Scarcelli

450 So. Orange Avenue

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32801-3336

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

# **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

DACIDIL A.C	Name and Address:
MGR" = Manager	
MGRM" = Managing Member	
ИGR	CNL Real Estate Advisors Company
	450 So. Orange Avenue
	Orlando, FL 32801-3336
	•
	•
	****
VAL) fective date is listed, the date must	be specific and cannot be more than
VAL) Fective date is listed, the date must days prior to or 90 days after the description of the date must days prior to or 90 days after the description of the date must day after the description of the date must day after the date must days prior to or 90 days after the date must day after the date must day after the day	be specific and cannot be more than
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REQUIRED SIGNATURE:  Signature of a member or an au  (In accordance with section 608. of this document constitutes an af that the facts st	be specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.
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REQUIRED SIGNATURE:  Signature of a member or an au  (In accordance with section 608. of this document constitutes an af that the facts st	be specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.)  The specific and cannot be more than ate of filing.
Signature of a member or an au  (In accordance with section 608, of this document constitutes an afthat the facts st  Linda A. Scarcelli  Typed or print	be specific and cannot be more than ate of filing.)  Charles thorized representative of a member 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)

\$ 5.00 Certificate of Status (Optional)