Division of Corporations Public Access System

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.

(((H08000050879 3)))



HD800000508793ABC4

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)617-6383

From:

LINDA A. SCARCELLI

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)540-2699

LORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Investors Member, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

Help FEB 2 8 2008

A. ...

H08000050879 3

ARTICLES OF ORGANIZATION OF CNL INCOME INVESTORS MEMBER, LLC

ARTICLE 1 - NAME

The name of this limited liability company is CNL INCOME INVESTORS MEMBER, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the principal office of the Company is Post Office Box 4920, Orlando, Florida 32802-4920, and the street address of the principal office of the Company is 450 S. Orange Avenue, Orlando, Florida 32801-3336.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 450 South Orange Avenue, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Linda A. Scarcelli.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has caused these Articles of Organization to be duly executed as of the 27th day of February, 2008.

Linda A. Scarcelli

Authorized Representative of Member

Scarcell.

Acceptance of Registered Agent

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 Chapter 608, Florida Statutes.