08/20/03 092 Division 13000029

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

SUZANNE M. MCLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626 : (407)650-1000 Phone

Fax Number : (407)650-1065

FOREIGN LIMITED LIABILITY COMPANY

CNL Institutional Income Fund, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00



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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CNL Ins	stitutional Income Fun					
		(Name of foreign li	mi	ted liability company)		
_{2.} Delaware	9	3		Applied for		
(Jurisdiction	under the law of which forei	gn limited liability	•	(FEI number, if applicable)	·	− ε, <u>-</u> *
	company is organized)				No. of the last of	•
j. 5/30/20		5	i.	Perpetual	2	1.5
	(Date of Organization)		_	(Duration: Year limited liability company wi exist or "perpetual")	ll cease to	
				exist of perpetual)	111	**
Upon q	ualification					
	(Date first transacted busi	iness in Florida. (See :	Sec	ctions 608.501, 608.502, and 817.155, F.S.)		
450 S.	Orange Avenue, Orian	rdo FL 32801			Ç.	,
•						-
		(Street address o	of 1	principal office)		-
		•	1	• •		
. If limited	liability company is a m	anager-managed o	CO	mnany, check here		
	• • •					
. The name	and usual business add	resses of the mana	oi	ing members or managers are as follow	e.	
			_	-	.	
CNL In	istitutional Advisors, In	ic., 450 S. Orang	ge	Avenue, Orlando FL 32801		
-				=		• -
-						•
••••						
				1731		•
Ο Attached is	an original certificate of existe	nce no more than 90 d	das	ys old, duly authenticated by the official having c	untadiration	~~~!
the invisdic	tion under the law of which it i	is omanized (Amboto	way	py is not acceptable. If the certificate is in a foreign	nzionà or to	AULUS
	of the certificate under oath of				an surfræge	,a
uausiaukii	or mecenicale under cautor	uie uansiaior musi de s	SUC	ormaed.)		
1. Nature o	f business or purposes to	o be conducted or	pr	romoted in Florida: Private investme	ent	
compan	у					
	House			-		•
	Signature of a	member or an autl	ho	prized representative of a member.	•	

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert A. Bourne, President of Managing Member

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name	and the Florida street add	dress of the registered agent and office are:		
	Linda A. Scarcelli		₹;!. ¥	
		(Name)	1 m	
450 S. Orange Avenue				
Florida street address (P.O. Box NOT ACCEPTABLE)				
	Oriando	32801		

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, F.S.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INSTITUTIONAL INCOME FUND, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MAY, A.D. 2003.

3664233

030355900

Warriet Smith Windson Harrier Switch Windson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2444730

DATE: 05-30-03