

# 00000000

#### Florida Department of State

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.

(((H030002290564)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number : (850)205-0383

From: SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626 Phone: (407)650-1000 Fax Number: (407)650-1065

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement MA4 GP Florham Park NJ, LLC

 Certificate of Status
 1

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$160.00

03 JUL -9 PM 2: 03

M03-2232

H03000229056 4

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	CNL Retirement MA4 GP Florham Park NJ, LLC
	(Name of foreign limited liability company)
2. E	Delaware 3. Applied for
(3	urisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4	06/25/2003 5. Perpetual 55/0 55
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
<b>5</b> .	Upon qualification
۰	(Date first transacted business in Florida, (See sections 608.501, 608.502, and 817.155, F.S.)
7_	450 S. Orange Avenue, Orlando FL 32801
	9 <u>9</u> %
_	(Street address of principal office)
	(order somess of himribal office)
3. I	f limited liability company is a manager-managed company, check here 🗹
. 7	The marks and veryal hypriness addresses of the many in the same of the same o
	The name and usual business addresses of the managing members or managers are as follows:
	Bernard J. Angelo, 445 Broad Hollow Rd., Melville NY 11747
	Robert A. Bourne, 450 S. Orange Avenue, Orlando FL 32801
	James M. Seneff Jr., 450 S. Orange Avenue, Orlando FL 32801
-	
-	
0. <i>A</i>	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record
t	he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a caustation of the certificate under oath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida: General partner of
ı	imited partnership
	4 01
	June of Scarcell
	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 havein are true.)
	Línda A. Scarcelli, Assistant Secretary

Typed or printed name of signee

H03000229056 4

## 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.

1	The name of the Limited Liability Company is:	

CNL Retirement MA4 GP Florham Park NJ, LLC

2. The name and the Florida street address of the registered agent and office a	ne: \$ 50 S - 17
Linda A. Scarcelli	The second second
(Name)	
450 S. Orange Avenue	# R B
Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)	2: 2: SCALE CRIDA
Orlando FL 32801	
(City/State/7in)	

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.

Sent OScarcell.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

H03000229056 4

PAGE

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MA4 GP FLORHAM PARK NJ, 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 TWENTY-SIXTH DAY OF JUNE. A.D. 2003.

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

3674891 6300

030423145

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 2497377

DATE: 06-25-03