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To:

Division of Corporations

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From:

MMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

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

14 APR -5 PM 3: 16 15:0N OF CORFORATION

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement MOP Encino CA GP, 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 A 9: 3 TRANSACT BUSINESS IN FLORIDA

. ONE Kememen	MOP Encino CA GP	, LLC of foreign limit	ad liability o		 _		
~ .	(Name)	-					
	nw of which foreign limited any is organized)	Rability 3.	Applied fo	ir (FEI number, if applic	able)		
March 24, 2004 (Date of	Organization)	15, _	Perpetual (Duration: Y	car limited liability co exist or "perpetual")	mpany will cease to		
Upon qualification						_	
(Date fi 450 S. Orange A	rst transacted business in Flo Avenue	orida. (See see	tions 608.50	, 608.502, and 817.15.	5, F.S.)		
Orlando, FL 328				· · · · · · · · · · · · · · · · · · ·		-	÷
	(Stre	et address of p	rincipal offic	e)		-	-
If limited liability	company is a manager-r	nanaged con	npany, cho	ck here 🔽			
The name and usua	d business addresses of	the managir	nember	s or managers are a	s follows:		
		O-	-23				
	ne, 450 S. Orange A	_		_		_	
Robert A. Boun		venue, Orla	ando, FL	2801-3336	 	<u> </u>	
Robert A. Boun	ne, 450 S. Orange A	venue, Orla	ando, FL e, Orlando	2801-3336 o, FL 32801-3336	 	<u>-</u>	
Robert A. Boun	ne, 450 S. Orangs A hison, III 450 S. Ora	venue, Orla	ando, FL e, Orlando	2801-3336 o, FL 32801-3336	 	<u>-</u>	<u></u>
Robert A. Boun Thomas J. Huto Bernard J. Ange Attached is an original of the jurisdiction under the	ne, 450 S. Orangs A hison, III 450 S. Ora	venue, Oriange Avenue W Road, Me Trettan 90 days d. (Aphotocop	e, Orlando elville, NY sold, dulyant y is not accep	2801-3336 2, FL 32801-3336 11747 besticated by the officia	l having custody of n	- - - - - - - - - - - - - - - - - - -	
Robert A. Bourn Thomas J. Huto Bernard J. Ange Attached is an original of the jurisdiction under the translation of the certification. Nature of business	thison, III 450 S. Orange A. Chison, III 450 S. Orange A. Chison, III 450 S. Orange A. Chison, 445 Broad Hollow certificate of existence, no more law of which it is organized at a under outh of the translater or purposes to be conducted.	venue, Orla nge Avenu w Road, Me nethan 90 days d (Aphotocop ormust be subs	e, Orlando elville, NY sold, dulyant y is not accep mitted)	2801-3336 5, FL 32801-3336 11747 heaticated by the official table. If the cartificate is	l having custody of n in a foreign languag	- - - - - - - - - - - - - - - - - - -	
Robert A. Bourn Thomas J. Huto Bernard J. Ange Attached is an original of the jurisdiction under the translation of the certification. Nature of business	thison, III 450 S. Orange A. Chison, III 450 S. Orange A. Chison, III 450 S. Orange A. Chison, 445 Broad Hollow certificate of existence, no more law of which it is organized at a under outh of the translations.	venue, Orla nge Avenu w Road, Me nethan 90 days d (Aphotocop ormust be subs	e, Orlando elville, NY sold, dulyant y is not accep mitted)	2801-3336 5, FL 32801-3336 11747 heaticated by the official table. If the cartificate is	l having custody of n in a foreign languag		

Robert A. Bourne, Manager

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

I. The name of the Limited Liability Company is:	•
CNL Retirement MOP Encino CA GP, LLC	į.
2. The name and the Florida street address of the register	ed agent and office are:
Linda A. Scarcelli	;
(Name)	
450 S. Orange Avenue	
Florida street address (P.O. Box N	OT ACCEPTABLE)

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 pluties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(City/State/Zip)

Jan Styrell (Styreell

Orlando

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

32801-3336

2003/004

FROM CORPORATION TRUST WILM TEAM #2

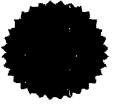
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Delaware

The First State

I, BARRIET SMITH WINDSOR, BECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COL RETIREMENT MOP ENCINO CA GP, 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-SIXTE DAY OF MARCH, A.D. 2004.

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



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DATE: 03-26-04