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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : CNL FINANCIAL GROUP, INC.

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

Fax Number : (407)540-2699

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Golf IV, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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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: 1. CNL Income Golf IV, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. August 10, 2006 5 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 450 S. ORANGE AVE. Orlando, FL 32801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: please see attached 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Holding Company 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 penaltics of perjury that the facts stated herein are true.)

Typed or printed name of signee

Linda A. Scarcelli, Asst. Secretary

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CNL Income Golf IV, LLC

Manager	<u>Title</u>	<u>Address</u>
Raymon Byron Carlock, Jr.	Manager	450 S. Orange Avc., Orlando, FL 32801
Charles A. Muller	Manager	450 S. Orange Ave., Orlando, FL 32801
Tammie A. Quinlan	Manager	450 S. Orange Ave., Orlando, FL 32801
Frank B. Bilotta	Independent Manager	114 West 47th Street, Suite 1715, New York, NY 10036

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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 Incor	ne Golf IV, LLC	
2. The name ar	nd the Florida street address of the registered agent and office are:	06 AUG SECRIL TALLAH
	Linda A. Scarcelli,	ASIAN TIL
i in the	(Name)	SEE,
	450 S. Orange Ave.	<u> </u>
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	39 ATE ORIDA
•	Orlando _{FL} 32801	_
	City/State/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 Chapter 608, Florida Statutes.

> \$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00

\$ 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 INCOME GOLF IV, 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 TENTH DAY OF AUGUST, A.D. 2006.

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Warriet Smile Hindan
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4966235

DATE: 08-10-06

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