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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

LINDA A. SCARCELLI

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)540-2699

### FEORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income FEC Tempe, LLC

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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 Income FEC T	empe LLC			
	(Name of Foreign Limited	d Li	ability Company)	
Delaware (Jurisdiction under the company is organized	e law of which foreign limited liability	, 3.	Applied for (FEI number, if applicable)	
September 12, 2006 (Date	of Organization)	5.	Perpetual  (Duration: Year limited liability company exist or "perpetual")	will cease to
Upon qualification	(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flor	ida, if prior to registration.) to determine penalty liability)	
7. 450 South Orange A	venue, Orlando, FL 32801-3336			<del></del>
	(Street Addres	ss o	f Principal Office)	
3. If limited liability	y company is a manager-manage	ed c	company, check here	
9. The name and us	ual business addresses of the ma	ına	ging members or managers are as follo	ows:
Raymon Byron Ca	riock, Jr., Charles A. Muller, and Tame	mie	A. Quinlan, 450 So. Orange Avenue, Orlando	o, FL 32801
0. Attached is an orig		e th	an 90 days old, duly authenticated by the o	
			under oath of the translator must be sul	
1. Nature of busine	ess or purposes to be conducted o	or j	promoted in Florida:	····
Owner/lessor of com	mercial real estate			
			all	
	Signature of a member or an a (In accordance with section 608.408(3), an affirmation under the penalties of pe	F.S	norized representative of a member.  ., the execution of this document constitutes y that the facts stated herein are true.)	06
	Linda A. Scarcelli, Assistant Secreta			SEI
D7 - 9/07/05 C T Syptom Online	Typed or printe	ed i	name of signee	P 14 AM 10: 55
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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.

CNL Income FEC Tempe, LLC					
2. The name and t	ne Florida street address of the registered agent and office are:				
_	Linda A. Scarcelli				
	(Name)	•			
	450 South Orange Avenue				
<del></del>	Florida Street Address (P.O. Box NOT ACCEPTABLE)	<del></del>			
	Orlando, FL 32801-3336				
	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.

By: Sand Slancoll.

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

SECRETARY OF STATE DIVISION OF CORPORATION

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# Delaware

DAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME FEC TEMPE, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2006.

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

4218417 8300 060845253 Janiet Smile Hinden

AUTHENTICATION: 5037589

DATE: 09-13-06

SECRETARY OF STATE DIVISION OF CORPORATIONS