Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

LINDA A. SCARCELLI

Account Name Account Number : 113615003626

: CNL FINANCIAL GROUP, INC.

Phone

(407)650-1000

Fax Number

(407)540-2699

PLOR WO NOISIAID	RIDA/FOREIGN LIMITED LIABILITY CO.  CNL Income FEC North Houston, LLC				
NIO.	Certificate of Status	0			
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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 RECISIER A FOREIGN

CNL Income FEC N	(Name of Foreign Limited Liability	(Company)		_
	• -			
2. Delaware	3. App	lied for	_	_
	law of which foreign limited liability	(FEI number, if applicable)		
company is organized	9			
September 12, 2006	5. Per	petnal		
(Date		uration: Year limited liability company w	ill cease to	
	ex	ist or "perpetual")		
Upon qualification	•			
•	(Date first transacted business in Florida, i	prior to registration.)		_
	(See sections 608.501 & 608.502 F.S. to det	etrnine penalty liability)		
450 South Orange A	venue, Orlando, FL 32801-3336			
, 450 50000 01000	70114, 011411,00,12 21401-3030			_
		•		
	(Street Address of Prin	cinal Office)	<del></del>	_
	(0400174-201101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
If limited liabilit	y company is a manager-managed comp	any, check here 🗶		
· II III MINIO DEDUIT	, combant, to a manager manages court	,, 52.501. 2014		
The name and us	ual business addresses of the managing	members or managers are as follow	ve.	
. The name and us	dai ousiness addresses of the managing	Weiners of Hanagers are as lone.	W 5.	
Raymon Byron Ca	rlock, Jr., Charles A. Muller, and Tammie A. Q	uinlan, 450 So. Orange Avenue, Orlando.	FT. 32801	
		aman, 400 bo, C. Lings . I tomas, C. Linds	12 32001	_
		- 220 Malvilla NV 11747		
Remord I Angelo	and Tony Wong 445 Read Hallaw Road Suit			
Bernard J. Angelo	and Tony Wong, 445 Broad Hollow Road, Suit			_
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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.

I. The name of the Limited Liability Company is:	
CNL Income FEC North Houston, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Linda A. Scarcelli	
(Name)	
450 South Orange Avenue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Orlando, FL 32801-3336	•
City/State/Zip	
liability company at the place designated in this certificate. I hereby accept the appointmen agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida State  Dy:  (Signature)	statutes sccept the
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	DIVISIO 06 SE

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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 FEC NORTH HOUSTON, 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.

**421**8392 8300 0**6**08**42523** 



Warret Smile Handson, Secretary of State

AUTHENTICATION: 5036736

DATE: 09-13-06

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS