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To:

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From:

Betsy Rosa

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)540-2699

FLORIDA/FOREIGN LIMITED LIABILITY C

CNL Income Brighton, LLC

Certificate of Status	0
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Page Count	04
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10/10/2006

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October 11, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL FINANCIAL GROUP, INC.

SUBJECT: DNL INCOME BRIGHTON, LLC

REF: W06000044554

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing coverysheet.

Unfortunately, the enclosed certified copy does not meet our filling requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, what clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The name on the certificate and the name in the document must be same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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P.O BOX 6327 - Tallahassee, Florida 32314

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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 Brighton, LLC (Name of Foreign Limited Liability Company) 2. Delaware 3. pending (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. perpetual 4. October 3, 2006 (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 P.O. Box 4920, Orlando, FL 32802 (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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Owner/lessor of commercial real estate 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

H06000248101 3

H06000248101 3

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:
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CNL Income Brigthon, LL	Briathon, LLC
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2. The name and the Florida street address of the registered agent and office are:

Linda A. Scarcelli.		SECT NO. O
	$(x,y) = (x,y) \cdot (x,y)$	ASS TAR
450 S. Orange A	ve.	e e e e e e e e e e e e e e e e e e e
Florida Street A	- EFFST	
Orlando	_{FL} 32801	器 2

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.

Jack & Squeell

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



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME BRIGHTON, 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 FOURTH DAY OF OCTOBER, A.D. 2006.

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

2006 OCT 13 AM 10: 21
SECRETARY OF STATE
SECRETARY OF STATE



Variet Smith Windsor, Secretary of State

AUTHENTICATION: 5091734

DATE: 10-04-06

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CNL Income Brighton, LLC

Manager Raymon Byron Carlock, Jr. Manager Charles A. Muller Tammie A. Quinlan

Bernard J. Angelo

Tony Wong

Title Manager Manager Independent Manager

Independent Manager

Address

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