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Division of Corporations

Fax Number

: (850) 205-0383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1000

Phone Fax Number : (407)540-2699

DIVISION OF CORPORAITION

FLORIDA/FOREIGN LIMITED LIABILITY CO

CNL Income Marina I, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | _CNL Income Marina I, LLC | | | | | |
|---|--|--|--|--|--|--|
| (Name of Foreign Limited Liability Company) | | | | | | |
| | Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. F | ending (FEI number, if applicable) | | | | |
| 4. | (Date of Organization) | Oerpetual (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. | and the second s | | | | |
| | Orlando, FL 32801 | ALL SEC | | | | |
| | (Street Address of Pr | rincipal Office) | | | | |
| | . If limited liability company is a manager-managed con The name and usual business addresses of the managin | | | | | |
| 9. The name and usual business addresses of the managing members or managers are as follows: | | | | | | |
| | | OP 3 | | | | |
| the | O. Attached is an original certificate of existence, no more than 90 days is not included in an original certificate of existence, no more than 90 days is not included in the certificate under oath of the translator must be submitted. | not acceptable. If the certificate is in a foreign language, a | | | | |
| 11 | 1. Nature of business or purposes to be conducted or pro | omoted in Florida: | | | | |
| | Holding Company | | | | | |
| | Signature of a member or an author | ized representative of a member. | | | | |
| | (In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury the | nat the facts stated herein are true.) | | | | |
| | Linda A. Scarcelli Asst Secr | retarv | | | | |

Typed or printed name of signee

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.

| The name of the Limited Liability Company is: CNL Income Marina I, LLC | | | | | |
|---|--|--|--|--|--|
| 2. The name | e and the Florida street address of the registered agent and office are: | | | | |
| | Linda A. Scarcelli | | | | |
| | (Name) | | | | |
| | 450 S. ORANGE AVE. | | | | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | | |
| | Orlando, FL _{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.

(Signature)

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

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CNL Income Marina I, LLC - SPE

| Manager | Title | <u>Address</u> |
|---------------------------|---------------------|--|
| Raymon Byron Carlock, Jr. | Manager | 450 S Orange Ave., 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 | 445 Broad Hollow Road, Suite 239, Melville, NY 11747 |



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The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNL INCOME MARINA I, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2006.

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



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5156512

DATE: 10-30-06

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