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Division of Corporations Fax Number .: (850) 205-0383 Account Name : M. BURR KEIM COMPANY Account Number : 119990000242 : (215)563-8113 Phone Fax Number : (215) 977-9386 ORIDA/FOREIGN LIMITED LIABILITY CO.

CNLKOR II, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. CNLKor II, I	ITC		
	(Name of Foreign Limited	Liability Company)	
2. Delaware		3. applied for	· ·
company is organ	ler the law of which foreign limited liability nized)	(PEl number, if applicable	e)
4. April 10, 2	2007	5. perpetual	
(1	Date of Organization)	(Duration: Year limited liability compa exist or "perpetual")	my will cease to
6. Upon qual	lification	State State State Section 1997	the statement of the statement of the statement of
	(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) .S. to determine penalty liability)	The second secon
7. Two Nesh	aminy Interplex, Suite 301, T	Frevose, PA 19053	AG O
· · · · · · · · · · · · · · · · · · ·			AR AP
	(Street Addre	ss of Principal Office)	O de la company
8. If limited liab	bility company is a manager-manage	ed company, check here	
9. The name an	d usual business addresses of the ma	anaging members or managers are as fo	S Swolle
Korman Ri	iver Chase, L.P., Managing Mei	anaging members or managers are as form	TO OI
Two Nesh	aminy Interplex, Sulte 301, Tr	evose, PA 19053	
the jurisdiction unde	er the law of which it is organized. (A photoco	Odays old, duly authenticated by the official hav opy is not acceptable. If the certificate is in a for	ring custody of records in eign language, a
renstation of the cer	tificate under outh of the translator must be su	ibmited)	
11. Nature of bu	usiness or purposes to be conducted	or promoted in Florida: Sole memb	er of
owner of c	commercial real property	7	
	(In accordance with section 608.408(3),	authorized representative of a member. F.S., the execution of this document constitutes tribus that the facts stated herein are true.)	
	John P. Korman, Author		
	Typed or printe	ed name of signee	

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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	y is:
••	***********			~	,

	Var	"	, ,	
CNL	NUL	11,	إما	

_	Control of the Book of the Control o		- .
2.	The name and the Florida street address of the registered agent and office are:	SEC	.07 A
	W. Bradley Munroe, Esquire	RETAI	Ž J
	(Name)	388 1885	ω
, .	220 E. Viveinia Street	ing.	
	239 E. Virginia Street	<u>'</u> ⊆ <u>'</u>	بند. بند:
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	SE SE	<u> </u>
	Tallahassee FL 32301		

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

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 "CNLKOR II, 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 ELEVENTH DAY OF APRIL, A.D. 2007.

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

O7 APR 13 AM 9: 10
SECRETARY OF STATE

4332084 8300 070419713



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5583608

DATE: 04-11-07