# Division of State 10/21/2008 At 25 At Division of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

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

2008 OCT 21 AM 8: 52

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Okemo Mountain, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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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 Okemo Mountain, LLC	IATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Delaware 3.	applied for
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6, upon qualification	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)  DO  DO  DO  DO  DO  DO  DO  DO  DO  D
7. 450 S. Orange Avenue	
Orlando, FL 32801	AA 2
	(Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here 🗸 🛒 👸 👸
9. The name and usual business addresses of the manag	ging members or managers are as follows:
Please see attached list.	27 27 27 27 27 27 27 27 27 27 27 27 27 2
	-
10. Attached is an original certificate of existence, no more than 90 day	see old druke outbesticated by the official basing australy of records in
the jurisdiction under the law of which it is organized. (A photocopy i	is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under cath of the translator must be submit	tted)
11. Nature of business or purposes to be conducted or p	promoted in Florida:
owner/lessor of dommercial real proper	rty located in Vermont
Signature of a member or an auth	orized representative of a member.
an affirmation under the penalties of perjury	
Tammie A. Quinlan, Ma	
Typed or printed r	name of signee

Carry transport of the second process of the	anagement Structure
Entity Name	CNL Income Okemo Mountain, LLC

Name	Title distribution of the control of
Bernard J. Angelo	Independent Manager
Tony Wong	Independent Manager
Raymon Byron Carlock, Jr.	Manager
Charles A. Muller	Manager
Tammie A. Quinlan	Manager

2008 OCT 21 AM 8: 52 SECRETARY OF STATE

# 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.

of the Limited Liability Company is: ne Okemo Mountain, LLC	
tilable, the alternate name to be used in the state of Florida is:	
and the Florida street address of the registered agent and office are:	ZOOB OCT SECRE
Linda A. Scarcelli	HASS TA
(Name)	SE Y
450 S. Orange Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM 8: 52 OF STATE
Orlando, FL 32801 FL City/State/Zip	96 2
	me Okemo Mountain, LLC  silable, the alternate name to be used in the state of Florida is:  and the Florida street address of the registered agent and office are:  Linda A. Scarcelli  (Name)  450 S. Orange Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)

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) (Signature)

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

# 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 OKEMO MOUNTAIN, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2008

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

SECRETARY OF STATE

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You may verify this certificate online at corp. delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6912717

DATE: 10-15-08

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