Florida Department of State

Division of Corporations Public Access System

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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

: (407)650-10001540 Phone

Fax Number : (407)540-2699

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Amusement IV, LLC

Certificate of Status	1
Certified Copy	1
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EXAMINER

FEB 1 2 2009

2/10/2009



February 11, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL FINANCIAL GROUP, INC

SUBJECT: CNL INCOME AMUSEMENT IV, LLC

REF: W09000006490

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 cover sheet.

A brief description of the entity's nature of business must be included in the document.

There was no attachment with the additional managers listed.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H09000031167 Letter Number: 509A00004830

RECEIVED

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SECRETARISEC, PLORIDA

TALLAHASSEC, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

CNL INCOME AMUSEMENT IV, LLC 450 S. Orange Avenue Orlando, FL 32801

VIA FACSIMILE

(850) 617-6383

February 11, 2009

Florida Department of State Division of Corporations

SUBJECT:

CNL Income Amusement IV, LLC

REF#: W09000006490

To Whom It May Concern:

I am in receipt of your notice regarding the above entity and the Application for Authorization to Transact Business in Florida not being filed. Please note that a description of the entity's nature of business is included on line 11 of the application, in that this entity is the owner of the limited liability company interest in CNL Income Hawaiian Waters, LLC.

Also, the attachment for the additional managers is attached, and must have fed incorrectly through the fax machine.

I trust this is all the information you need in order to process the application for this entity.

Should you have any questions, please feel free to contact me directly at (407) 650-1540.

Best regards,

Amy I. Patterson, FRP Corporate Paralegal

CNL Financial Group, Inc.

Attachments

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

IN COMPLIANCE WITH SECTION BUSINS, PLORIDA STATUTES, THE POLITOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	: A FOI	TCACHY
CNL Income Amusement IV, LLC		
(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 of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C.," "LLC.")	of the w Liabilit	vritten ty
2. Delaware 3		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. February 4, 2009 5. Perpetual		
(Date of Organization) (Duration: Year limited liability company will cea exist or "perpetual")	se to	
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)	9	D.
7. 450 S. Orange Avenue	09 FEB	SECF SECF
Orlando, FL 32801	<u></u>	፠₭ 위점기
(Street Address of Principal Office)		325
8. If limited liability company is a manager-managed company, check here 🗹	A	OF STATE DRPORATIONS
9. The name and usual business addresses of the managing members or managers are as follows:	ب ر ن	TATE
Charles A. Muller, 450 S. Orange Avenue, Orlando, FL 32801	-	SINC
Tammie A. Quinlan, 450 S. Orange Avenue, Orlando, FL 32801		
Amy Sinelli, 450 S. Orange Avenue, Orlando, FL 32801		
See attached for additional managers. 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody.		ــــــــــــــــــــــــــــــــــــــ
10. Anached is an original cerunicate of existence, no more tran 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual.)	iBc'a	ACS III
translation of the certificate under eath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida: OWNER Of		
limited liability company interest IN CNL INCOME HAWAITAN WATERS, LLC	<u>.</u> .	
Signature of a member or an authorized representative of a member.		
(In section countries of the section of the second of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
Amy Sinelli		
Typed or printed name of signee		

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therapy which is promised for the control of the co	CNL Income Amusement IV, LLC
	GAE MOOTHE ANTIBERT TO TO LESS
An area and the second of the	CHARLES CONTROL THE SECRETARY
	on we will the the recognition with the control of
Bilotta, Frank B	Independent Manager
· · · · · · · · · · · · · · · · · · ·	
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DIVISION OF CORPORATIONS

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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 is:		
CNL Income Amusement IV, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	_	
Amy J. Patterson		
(Name)		
450 S. Orange Avenue		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Orlando, FL 32801 FL		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as reg 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)	istere	SECRETION O
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	11 AM 7: 37	FILED TARY-OF STATE OF CORPORATIONS

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CNL INCOME AMUSEMENT IV, 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 FEBRUARY, A.D. 2009.

4652210 8300

090101498

You may verify this certificate onling

AUTHENTY CATION: 7118066

DATE: 02-04-09