Division .



Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)540-2699

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Real Estate, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | -3 |
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MAY 18 2009



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 | CNL Income Ro (Name of Foreign Limited Liability Company; must include | ea ide | al Estate, LLC "Limited Liability Company," "L.L.C.," | or "LLC | C.") | - |
|-----|--|------------|---|---|------------|-------------|
| con | name unavailable, enter alternate name adopted for the purposent of the managers or managing members adopting the alternate," "L.L.C," "LLC.") | | | | | |
| 2 | Delaware urisdiction under the law of which foreign limited liability | 3 | 26-4700200 (FEI number, if applicable | | | _ |
| C. | urisdiction under the law of which foreign limited liability impany is organized) | | (FEI number, if applicable | ;) | | |
| 4. | March 30, 2009 | 5 | Perpetual (Duration: Year limited liability compar | | | _ |
| | (Date of Organization) | | (Duration: Year limited liability comparexist or "perpetual") | ıy will (| ease to | |
| б. | Upon qualifiation | | , | | | |
| | (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S. | orid to | da, if prior to registration.) determine penalty liability) | | | _ |
| 7. | 450 So. Orange Avenue, Orlando, FL 32801 | | | • | | _ |
| | | | | | | |
| | (Street Address | of l | Principal Office) | Ä.S. | 201 | - |
| 8. | If limited liability company is a manager-managed | co | ompany, check here | JAK J | 2009 HAY | -11 |
| 9. | The name and usual business addresses of the man | agi | ing members or managers are as fo | llows: | | Casterior . |
| | CNL Income Real Estate Member, LLC | | | 10 To | 17- | in. |
| | 450 So. Orange Avenue, Orlando, FL 32801 | | | | 10: 2 | |
| | | | | | ~ | _ |
| the | Attached is an original certificate of existence, no more than 90 ourisdiction under the law of which it is organized. (A photocopy station of the certificate under oath of the translator must be sub- | уĖ | s not acceptable. If the certificate is in a fore | _ | • | cords in |
| 11. | Nature of business or purposes to be conducted or | r p | oromoted in Florida: | | <u></u> ,. | _ |
| | Managing Me | mb | ber of LLCs | | | _• |
| | | 7 | week. | | <u> </u> | |
| | | | orized representative of a member. | | | |
| | | ·S., | , the execution of this document constitutes | | | |
| | | • | Scarcelli | | | |
| | Typed or printed | n | ame of signee | | | |

H090001229083

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 Real Estate, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| | |
| Linda A. Scarcelli (Name) | , 700 TALL SE |
| 450 So. Orange Avenue | 2009 HAY SECRETS ALLAHAS |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | TARY ASSET |
| Orlando所L 32801 | To E |
| City/State/Zip | 97 5. C |

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.

Jana Schelle (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

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CNL INCOME REAL ESTATE, 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 THIRTY-FIRST DAY OF MARCH, A.D.
2009.

4671011 8300

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You may verify this cortificate online

Jeffrey W. Bullock, Secretary of State

DATE: 03-31-09