Florida Department of State

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To:

Division of Corporations

Fax Mumber : (850) 617-6383

From:

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407) 650-1000 1540

Fax Number : (407)540-2599

## FLORIDA/FOREIGN LIMITED LIABILITÝ

CNL Income Marina III, LLC

Certificate of Status	0
Certified Copy	1
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**EXAMINER** 

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

IN COMPLANCE WITH SECTION 608:108, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CNL income Marina III, 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 of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware Queisdiction under the law of which foreign limited liability company is organized) October 21, 2009 perpetual (Duration: Year limited liability company will sease to exist or "perpensal") (Date of Organization) 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 Avenue Oriando, FL 32801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows Please see attached Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in. the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under ceth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: owner/lessor of commercial real property nucl Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes ast affirmation under the panalties of perjury that the facts stated herein are true.) LINDA A. SCARCELLL

Typed or printed name of signee

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A Property Comments of the Comment o			
Entity Name	CNL income Marine III, LLC		

Name: Tyrespring to the fift	mile Software The Land	Attaches 1997	
Bilotta, Frank S.	Independent Manager	58 So. Service Road, Suite 120, Malville, NY 11747	
Muller, Charles A.	Manager	450 So. Orenge Avenue, Orlando, FL 32801	
Quintan, Tammie A.	Manager	450 So. Oranga Avenue, Orlando, Fl. 32801	
Sinuli, Amy	Manager	450 So. Orange Avenue, Orlando, FL 32801	

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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 Marina III, 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	SECRETARY TALLAHASSER	וָד
Linda A. Scarcelli	ARY SEE	一
(Name)	:" <u>@</u> ≥	Ш
450 S. Orange Avenue	F STATE FLORIDA	O
Florida Street Address (P.O. Box NOT ACCEPTAB	AG AG	
Orlando, 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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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CNL INCOME MARINA III, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO PAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2009.

DATE: 10-22-09