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To:

Division of Corporations

Fax Number AMY J. PATTERSON

: (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

: (407)650-2000 154D Phone

Fax Number : (407)540-2699 L. SELLERS

MAY - 3 2010

EXAMINER

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Foreign Limited Liability Company CNL Income Marina IV, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| , | CNI Incor | ne Ma | arina IV, LLC | | |
|---------------|---|------------------------|--|----------------------|--------------|
| 1 | (Name of Foreign Limited Liability Company; mus | t include | "Limited Liability Company," "L.L.C.," | or "LLC.") | |
| | | | • • • | | |
| (If nan | ne unavailable, enter alternate name adopted for the | purpose | of transacting business in Florida and attac | ch a copy of the | written |
| CODSCI | t of the managers or managing members adopting th | ne altern | ste name. The alternate name must include | 'Limited Liabili | ty |
| Compa | any," "L.L.C," "LLC.") | | | | |
| 2 | Delaware | 3. | 27-2456288 | | |
| (Jur com | sdiction under the law of which foreign limited liab pany is organized) | oility | (FEI number, if applicable |) | |
| 4 | April 27, 2010 | 5. | Perpetual | | |
| <u></u> | (Date of Organization) | | Perpetual (Duration: Year limited liability companions or "perpetual") | y will cease to | |
| 6. <u>U</u> j | oon qualification | | | | |
| | (Date first transacted business (See sections 608.501 & 608.50 | in Floric 2 F.S. to | la, if prior to registration.) determine penalty liability) | | |
| _ 45 | | | , salaring, | • | |
| 7. <u>40</u> | 0 S. Orange Avenue | | | | |
| Ö | rlando, FL 32801 | | | | |
| | | dress of | Principal Office) | | |
| Q If | imited liability company is a manager-man | മനമർ ക | mmany sheek hore | | |
| J. 11. | minou adomicy company is a manager-mana | agou co | impany, check here | | • |
| 9. Th | e name and usual business addresses of the | manag | ing members or managers are as fol | llows: | |
| T | ammie A. Quinlan 450 S. Orange Ave., | Orlan | do, FL 32801 | | |
| c | harles A. Muller 450 S. Orange Ave., O | riando, | FL 32801 | | |
| | oseph T. Johnson 450 S. Orange Ave., | | | | |
| | SE SEE ATTACHED LIST FOR ADDITION | | | | |
| he nas | ached is an original certificate of existence, no more that diction under the law of which it is organized. (A pho | m youay maana is | SOLO, Outy authernicated by the outical having not acceptable. If the certificate is in a franci | 12 CUSTODY OF 1000 | rds m |
| ranslati | on of the certificate under oath of the translator must be | esubmitt | d) | हो। मार्क्षलक्ष्ये द | |
| | | | ŕ | _ | |
| 1. N | ature of business or purposes to be conducted | ed or pi | omoted in Florida: owne | er of | |
| | limited liability company interests a | nd ser | ves as sole equity member of LL | CSTS 3 | |
| | 2 (| | Chrcell | APR LAH | فسالت |
| | Simonia | | | E Ž | erana n H |
| | | | rized representative of a member. the execution of this document constitutes | 30 48 88 | gs ares |
| | an affirmation under the penalties of | f perjury | that the facts stated berein are true.) | A AM | |
| | | | Scarcelli | M IO | g - 1 |
| | ing to begut | 1 | | , - <u>()</u> | 1. J |

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CNL Income Marina IV, LLC

Continued from: Florida Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida

No. 9. The name and usual business addresses of the managers are as follows:

Frank B. Bilotta, 114 West 47th Street, Suite 1715, New York, NY 10036



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 Compa | ny is: | | | | |
|---|---------------------|-----------------------|--|--|--|
| CNL Incom | <u>ie Marina IV</u> | ', LLC | | | |
| If unavailable, the alternate to be used in the | state of Florida | is: | | | |
| 2. The name and the Florida street address of | f the registered | agent and office are: | | | |
| Lino | Linda A. Scarcelli | | | | |
| (Name) | | | | | |
| 450 S. Orange Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | | |
| | | | | | |
| , | 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

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME MARINA 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2010.

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

4816443 8300

100428174

You may varify this certificate online at corp. delewere gov/authver. shtml

AUTHENTY CATION: 7956568

DATE: 04-27-10