- Division of Corporations



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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 (510) Fax Number : (407)540-2699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECKETARY OF STATE
ALLAHASSEE, FLORIDA

Foreign Limited Liability Company CNL Income Senior Holding, LLC

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

D. BRUCE

DEC 10 2010

EXAMINER

Electronic Filing Menu

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Help

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:

Ш	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:				
1	CNL Income Senior Holding, LLC				
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")				
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability empany," "L.L.C," "LLC.")	ten			
7	Delaware 3. 27-4023933				
- 7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4.	November 22, 2010 5, perpetual				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.	Upon registration				
	(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				
•					
	Orlando, FL 32801 (Street Address of Principal Office)				
		m			
8.	If limited liability company is a manager-managed company, check here				
9.	The name and usual business addresses of the managing members or managers are as follows:				
	Please see attached				
10). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	3 m			
	e juristicated in the law of which is digarited. (A juristicity is intracceptained in the certificate under eath of the translator must be submitted.)				
11	Nature of business or purposes to be conducted or promoted in Florida:				
	Holding company				
	Lida Scarcelle.				
	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 an affirmation under the				
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)				
	LINDA A. SCARCELLI				
	Typed or printed name of signec				

1.4	Λ	Λ	•
W.I	U	u	

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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 Co	•		
If unavailable, the alternate to be used in			
2. The name and the Florida street addre	ess of the registered agent and office a	re:	
Linda A. Scarcelli	(Name)	10 DEC	-71
450 S. Orange Ave	NUE Address (P.O. Box NOT ACCEPTABLE)	SSET OF	m
Orlando	FL 32801 City/State/Zip	9: 56 STATE FLORIDA	D

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) Scicelli.

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

H10000264891 3

CNL INCOME SENIOR HOLDING, LLC

MANAGERS

<u>Name</u>	Address
Charles A. Muller	450 S. Orange Avenue, Orlando, FL 32801
Tammie A. Quinlan	450 S. Orange Avenue, Orlando, FL 32801
Joseph T. Johnson	450 S. Orange Avenue, Orlando, FL 32801
Rebecca Bass	68 So. Service Road, Suite 120, Melville, NY 11747
Wayne Schonland	68 So. Service Road, Suite 120, Melville, NY 11747

TILED

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SACRETARY OF STALE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CNL INCOME SENIOR HOLDING, 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-THIRD DAY OF NOVEMBER, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNL INCOME SENIOR HOLDING, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2010.

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

4901907 8300

101112209

You may vorify this certificate online

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8376149

DATE: 11-23-10

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