Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000400573)))



H110000400573ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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

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.

Email Address:_

amy.petterson@cnl.com

RECEIVED

IFEB 15 PM 3: 53

ECRETARY OF STATE

LLAHASSEF, FLORIDA

Foreign Limited Liability Company Sunrise Third (Pool II), LLC

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

EXAMINER FEB 1 6 2011

Electronic Filing Menu

Corporate Filing Menu

Help

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

UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	2027
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 writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	tten
2. Delaware 3. 54-2109682	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4 May 5, 2003 5 Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
5. Upon registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 450 S. Orange Avenue Orlando, FL32801	77
Orlando, FL32801	FILED
(Street Address of Principal Office)	O
3. If limited liability company is a manager-managed company, check here	3
7. The name and usual business addresses of the managing members or managers are as follows:	ŏ
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	sin
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath 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	
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.)	
Joseph T. Johnson	
Typed or printed name of signee	

H11000040057 3

H11000040057 3

SUNRISE THIRD (POOL II), LLC

MANAGERS

Name	<u>Address</u>
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
Tony Wong	68 So. Service Road, Suite 120, Melville, NY 11747
David V. DeAngelis	68 So. Service Road, Suite 120, Melville, NY 11747

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE THIRD (POOL II), 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRISE THIRD (POOL II), LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3654713 8300

101203621

You may varify this certificate online at corp.delaware.gov/authwer.shtml

AUTHENTY CATION: 8436943

DATE: 12-17-10

H11000040057 3

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:
Sunrise Third (Pool II), 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)
450 S. Orange Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)
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) Scarcelli

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