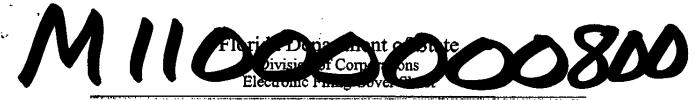
Division of Corporations

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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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

MMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone (407)650-1000

Fax Number : (407)540-2699

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	amy.patterson@onl.com	

Foreign Limited Liability Company Sunrise Third Schaumburg SL, LLC

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

C. LEWIS FEB 1 7 2011

EXAMINER

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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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TATE OF FLORIDA:
1. Sunrise Third Schaumburg SL, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Illinois 3.	54-2109697
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 450 S. Orange Avenue	
Orlando, FL 32801	TA 32
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed of	f Principal Office) company, check here ging members or managers are as follows:
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Please see attached.	
	<u> </u>
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be subm	• • • • • • • • • • • • • • • • • • •
11. Nature of business or purposes to be conducted or	promoted in Florida:
owner/lessor of commercial property	•
111 (norized representative of a member.
	tion of this document constitutes an affirmation under the LI am aware that any false information submitted in a
	a third degree felony as provided for in s.817.155, F.S.)
<u>Joseph</u> T	- Jahrson
Typed or brinted to	name of signee

SUNRISE THIRD SCHAUMBURG SL, 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
Tony Wong	68 So. Service Road, Suite 120, Melville, NY 11747
David V. DeAngelis	68 So. Service Road, Suite 120, Melville, NY 11747

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.

Cuprice Third Schoumbur	Company is:	
Sunrise Third Schaumbur	9 31, 110	· · · · · · · · · · · · · · · · · · ·
If unavailable, the alternate to be used	l in the state of Florida is:	
2. The name and the Florida street ad	dress of the registered agent and office are:	
		ZOLI
Linda A. Scarcelli		
Linda A. Scarcelli	(Name)	
Linda A. Scarcelli 450 S. Orange A		FEB 16 CRETARY LAHASSET
450 S. Orange A		FEB 16 CRETARY LAHASSET
450 S. Orange A	venue	FEB 16 CRETAR

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) Seencell.

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

File Number



0092597-7

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SUNRISE THIRD SCHAUMBURG SL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 22, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1035102065 .
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH

day of DE

DECEMBER

A.D.

2010

Desse White

SECRETARY OF STATE