

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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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 : (407)650-1000 Phone

: (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. \*\*

amy.patterson@cnl.com Email Address:

## Foreign Limited Liability Company CC3 Mezz C, LLC

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

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**EXAMINER** 

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# 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. CC3 Mezz C, 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 a consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C." (L.C.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-4428775 (FEI number, if approximately)	licable)
4. December 17,2010  (Date of Organization)  5. perpetual (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)	
(Silver Addiess of Finderpar Office)	
8. If limited liability company is a manager-managed company, check here	<del></del> 1
9. The name and usual business addresses of the managing members or managers are	as follows:
Please see attached.	<u> </u>
	SSE 6
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in translation of the certificate under eath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
owner of limited liability company interests	•
Signature of a plember or an authorized representative of a me	
(In accordance with section 608 498(3), F.S., the execution of this document constitutes an affilipenalties of perjury that the facts stated herein are true. I am aware that any false information	
document to the Department of State constitutes a third degree felony as provided for	
Joseph T. Johnson	
Typed or printed name of signee	

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### CC3 MEZZ C, LLC

### **MANAGERS**

Name	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
Catherine G. Mancusi	68 So. Service Road, Suite 120, Melville, NY 11747
Kenneth J. Ryan	68 So. Service Road, Suite 120, Melville, NY 11747

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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.

CC3 Mezz C, Ll  If unavailable, the altern		state of Florida is:	
2. The name and the Fl	orida street address o	of the registered agent and offi	ce are:
Linda /	A. Scarcelli		77
		(Name)	
450 S	. Orange Avenu	9	AHASA BB I
Florida Street Address (P.O. Box NOT ACCEPTABLE)		Marian Pilat Pilat	
Orlan	do	<sub>FL</sub> 32801	AH 8: 4 STAT SEFLORI
<del></del> .		City/State/Zip	3: 42 TATE ORID
liability company at the j agent and agree to act in relating to the proper an	place designated in the this capacity. I furth d complete performat	o accept service of process for this certificate, I hereby accept the agree to comply with the process of my duties, and I am familias provided for in Chapter 608	he appointment as registere ovisions of all statutes liar with and accept the
		/ / / · · · · · · · · · · · · · · · · ·	
<del></del>	(Signa	(Marcell	_

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CC3 MEZZ C, 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-SECOND DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CC3 MEZZ C, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2010.

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

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SELRIGAT OF STATE
TALLAHASSEE, FLORIDA

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You may verify this cortificate online at corp. delaware.gov/authver.shtml

Jaffrey W. Bullock, Secretary of State
AUTHENTY CATION: 8446782

DATE: 12-22-10