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

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.

		amy.patterson@cnl.com		
D	Address:	amy, pattersorreson	•	
DWKT T T	Voortebb:			_

Foreign Limited Liability Company

CC3 Mezz A, LLC

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

K. SALY EXAMINER

FEB 17 2011

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503 FLORIDA STATUTES. THE POLLOWING IS SUBMITTED TO DESERVE A PODEICN.

LIMI	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. <u>C</u>	C3 Mezz A, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consc	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written nt of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability any," "L.L.C," "LLC.")
2, D	elaware 3, 27-4429082
(Ju cor	risdiction under the law of which foreign limited liability (FEI number, if applicable) apany is organized)
4. <u>D</u>	ecember 17,2010 5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>L</u>	pon registration
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>4</u>	50 S. Orange Avenue
O	rlando, FL 32801
	(Street Address of Principal Office)
8. If	limited liability company is a manager-managed company, check here
9. T	he name and usual business addresses of the managing members or managers are as follows:
F	Please see attached.
_	
-	
_	
	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a stion of the certificate under cath of the translator must be submitted.)
	Nature of business or purposes to be conducted or promoted in Florida:
	wner of limited liability company interests and limited partner interests
<u> </u>	A There is mined parties who could be in the mined parties who could
	Signature of a member or an authorized representative of a member.
	(In accordance with section 618,408(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

CC3 MEZZ A, 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
Damian A. Perez	68 So. Service Road, Suite 120, Melville, NY 11747
Michael K. Seitz	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.

1. The name of the Limited Liability Company is:

The nam	ne and the Florida street addr	ess of the registered agent and office	are:
	Linda A. Scarcelli		
		(Name)	
	450 S. Orange Ave	enue	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Orlando	_{FI.} 32801	
		City/State/Zip	

(Signature)

\$ 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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CC3 MRZZ A, 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 A, 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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You may vomify this cartificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATTON: 8446796

DATE: 12-22-10

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