Florida Department of State

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To:

Division of Corporations

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From:

RMY, J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)540-2699

amy.patterson@cnl.com

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FEB 16 PM 1: L CRETARY OF STATE LAHASSEE. FLORID

Foreign Limited Liability Company Sunrise Third West Babylon SL, LLC

Certificate of Status	0
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FEB 17 2011

EXAMINER

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

THE SECTION AND SECOND A STATE FOR SHIP BOLLOWING IS SURMITTED BY RECISIVER A FOREIGN

IN COMPLIANCE WITH SECTION BUSIS, PHISTIDA STATEOFF, THE POISSWING IS SOMMITTED TO S LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	MADIA	. ,	QUACTY.				
1. Sunrise Third West Babylon SL, 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 and atta consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	ch a copy : "Limited	of the Liabil	written ity				
2. New York 3. 58-2669268							
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized))	-					
4. May 14; 2003 5. perpetual			_				
(Date of Organization) (Duration: Year limited liability comparexist or "perpetual")	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")						
6. Upon registration	. z _		_				
(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	新	83					
Orlando, FL 32801	ARY SSE	9	1				
(Street Address of Principal Office)	- M -	\$	<u> </u>				
8. If limited liability company is a manager-managed company, check here 🗸	STAT	9: 3	O				
9. The name and usual business addresses of the managing members or managers are as fo	ollows:	S	•				
PLEASE SEE ATTACHED							
	· · · · · · ·		•				
			•				
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have			ords in				
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore translation of the certificate under eath of the translator must be submitted.)	ign langua	ec, a					
11. Nature of business or purposes to be conducted or promoted in Florida:							
owner/lessor of commercial real property			•				
		_	Ť.				
Signature of a member or an authorized representative of a member.							
(In accordance with section 695.403(3), F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information sub		a					
document to the Department of State constitutes a third degree felony as provided for in s.8 Joseph T. Johnson	17.155, F.	S.)					
Typed or printed name of signee							

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

State of New York Department of State State | State

I hereby certify, that SUNRISE THIRD WEST BABYLON SL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/14/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of December two thousand and ten.

Daniel Shapiro

First Deputy Secretary of State

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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 Lim	ited Liability Comp	eany is:	
Sunrise Third W	est Babylon S	SL, LLC	
If unavailable, the altern			
2. The name and the Flo	orida street address	of the registered agent and office are:	
Linda A	A. Scarcelli		
		(Name)	
450 S.	Orange Avenu		
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	
Orland	do	FL 32801	
		City/State/Zip	
liability company at the p agent and agree to act in relating to the proper an	place designated in the this capacity. I furth d complete performa	to accept service of process for the above state his certificate, I hereby accept the appointment her agree to comply with the provisions of all times of my duties, and I am familiar with and a tas provided for in Chapter 608, Florida Statu	t as registered statutes ccept the
	(Signs	Elling Fee for Application	
	\$ 100.00 \$ 25.00	•	
	\$ 30.00	Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)