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.

Phone

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. **

Rena i I	Address:		
******	amy.patte	rson@cnl.com 🔭	-

Foreign Limited Liability Company

CC3 Mezz E, LLC

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

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FEB 1 7 2010

EXAMINER

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Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	HE STATE OF FLORIDA:		22 2 0
1. CC3 Mezz E, LLC (Name of Foreign Limited Liability Company; must be	nclude "Limited Liability Con	apany," "L.L.C.," or "LLC."	
(If name unavailable, enter alternate name adopted for the pu consent of the managers or managing members adopting the Company," "L.L.C," "LLC.")			
2. Delaware	3. 27-4427672		
(Jurisdiction under the law of which foreign limited liability company is organized)	ty (FEI num	iber, if applicable)	
4. December 17,2010	5, perpetual		
(Date of Organization)	(Duration: Year limite exist or "perpetual")	ed liability company will ocar	se to
6. Upon registration			
(Date first transacted business in (See sections 608.501 & 608.502	Florida, if prior to registration. F.S. to determine penalty liabi	n.) ility) 流言	<u> </u>
7. 450 S. Orange Avenue		HASSE	<u>-</u>
Orlando, FL 32801		7. E.	<u> </u>
(Street Addr	ess of Principal Office)		<u>နာ</u> ယ
8. If limited liability company is a manager-manage	ged company, check here		GED
9. The name and usual business addresses of the m	nanaging members or ma	nagers are as follows:	•
Please see attached.			
Tiosas des attacines.			
			
10. Attached is an original certificate of existence, no more than	90 days old, duly authenticated	by the official having custody	of records in
the jurisdiction under the law of which it is organized. (A photo	copy is not acceptable. If the ce		
translation of the certificate under eath of the translator must be s	ubmitted.)		
11. Nature of business or purposes to be conducted	l or promoted in Florida:		_
owner of limited liability company interes	ests		
AAA			
Signature of member or an	authorized representative	e of a member.	
(In accordance with section 608.408(3), F.S., the e	xecution of this document consti	tutes an affirmation under the	
penalties of perjury that the facts stated herein ar document to the Department of State constit			
Joseph T. Johnson		·	
Typed or prin	ted name of signee		

Ø003/005

CC3 MEZZ E, LLC

MANAGERS

<u>Name</u>	<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
William J. Smith	68 So. Service Road, Suite 120, Melville, NY 11747
Denise M. Veidt	68 So. Service Road, Spite 120, Melville, NY 11747

2011 FEB 16 AM 18: 30

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:	,
CC3 Mezz E, LLC	
If unavailable, the alternate to be used in the state of Florida is:	2011 FEB
2. The name and the Florida street address of the registered agent and office are:	ARY IS
Linda A. Scarcelli	T (** 25
(Name)	TALES SE
450 S. Orange Avenue	,
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Orlando FL 32801 City/State/Zip	***************************************
City/Gald/Lip	

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)

\$	100.00	Fi	ling	Fee	for	App	lica	tion
-		_	_					,

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^{\$ 25.00} Designation of Registered Agent

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREEY CERTIFY "CC3 MEZZ E, 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 E, 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 varify this certificate caling at comp. delawars, gov/enthvar. shtml

AUTHENITICATION: 8446754

DATE: 12-22-10

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