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 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.

Email Address: amy patterson ecol.com

Foreign Limited Liability Company CLP Fayetteville GA Owner, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

A. LUNT

JUL 18 2011

EXAMINER

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7/17/2012

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	CALCOT
1. CLP Fayetteville GA Owner, 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 attach a copy of the wr consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	itter '
2. Delaware 3. 80-0794992	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. March 9, 2012 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will coase to exist or "perpetual")	
6. upon qualification □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	
(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	
The state of the s	1
8. If limited liability company is a manager-managed company, check here	J
9. The name and usual business addresses of the managing members or managers are as follows:	
Holly J. Greer, 450 S. Orange Ave., Orlando, FL 32801	
Joseph T. Johnson, 450 S. Orange Ave., Orlando, FL 32801	
Sharon A. Yester, 450 S. Orange Ave., Orlando, FL 32801	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	ds in
11. Nature of business or purposes to be conducted or promoted in Florida:	
owner/lessor of senior living facility located in Fayetteville, GA	
O Option	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,408(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.) Army I. Patterson	

Typed or printed name of signee

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.

If unavailable, the alternate to be used	in the state of Florida is:		
			
2. The name and the Florida street ad	dress of the registered agent and office are:	NECT SECON	2012 JUL
Amy J. Patterson			2
	(Name)		17
450 S. Orongo A	VORUS	<u> </u>	
450 S. Orange Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)		<u>5</u> 55	ō
	<u></u> ,		Z
Orlando	_{FT} 32801	; > ·	••
 	City/State/Zip		

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.

O 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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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLP FAYETTEVILLE GA OWNER, 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 FOURTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "CLP FAYETTEVILLE GA OWNER, LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2012.

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

5122184 8300

120700070

You may wwrify this certificate online at corp. delaware.gov/authver.shtml

AUTHENTS CATION: 9615821

DATE: 06-04-12