

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000176802 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626 Phone : (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. \*\*

#### Foreign Limited Liability Company GGT Patterson Place Holdings, LLC

•	•
Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

# H13000176802\_3

#### 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
1. GGT Patterson Place Holdings, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
<sub>2.</sub> Delaware	37-1734961
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
<sub>4.</sub> May 31, 2013 <sub>5.</sub>	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> upon qualification	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ída, if prior to registration.) o determine penalty liability)
<sub>7.</sub> 450 S. Orange Avenue	
Orlando, FL 32801	
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here
9. The name and usual business addresses of the manage	ging members or managers are as follows:
Andrew A. Hyltin, 450 S. Orange Ave	enue, Orlando, FL 32801
Scott C. Hall, 450 S. Orange Avenue	e, Orlando, FL 32801
Rosemary Q. Mills, 450 S. Orange A	venue, Orlando, FL 32801
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subtr	
11. Nature of business or purposes to be conducted or	promoted in Florida:
holding company	
and Porter	ADVO
Signature of member or an auth	norized representative of a member.
	tion of this document constitutes an affirmation under the
• • • •	. I am aware that any false information submitted in a string third degree felony as provided for in s.817.155, F.S.)
Am. T. Dal	terson
Tened or printed t	name of signee

## #13000176802

# 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.

The name of the Limited Liability Company is:     GGT Patterson Place Holdings, LLC		
If unavailable,	, the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	Amy J. Patterson	
	(Name)	
	450 S. Orange Avenue	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Orlando <sub>FL</sub> 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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# H130001768023

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GGT PATTERSON PLACE HOLDINGS, 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 THIRTY-FIRST DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GGT PATTERSON PLACE HOLDINGS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2013.

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

5343043 8300

130709093

You may verify this certificate online

AUTHENTICATION: 0473086 SO CONTROL OF STATE OF S