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.

(((H130002555373)))



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

Division of Corporations

Fax Number : (850) 617-6383

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 Exture annual report mailings. Enter only one email address please.

Foreign Limited Liability Company CHP SL Owner Holding II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

NOV 2 0 2013

T. BROWN

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 BY INNESS, IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. CHP SL Owner Holding II, 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 written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
_{2.} Delaware _{3.} 80-0950803
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
_{4.} September 13, 2013 _{5.} perpetual
(Date of Organization) (Duration: Year limited liability company will cease 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
PO Box 4920, Orlando, FL 32802-4920
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 7.5 9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Holly J. Greer, 450 S. Orange Avenue, Orlando, FL 32801
Joseph T. Johnson, 450 S. Orange Avenue, Orlando, FL 32801
Stephen H. Mauldin, 450 S. Orange Avenue, 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 records in 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.)
11. Nature of business or purposes to be conducted or promoted in Florida:
holding company
a Charman
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.)
Amy, J. 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 as	nd the Florida street addres	ss of the registered agent and office are:	-	
	Amy J. Patters	son		
		(Namc)		
	450 S. Orange	e Avenue		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)		
		22204		
	Orlando	_{FL} 32801		

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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CHP SL OWNER HOLDING II, LLC" IS

DDLY 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 THIRTEENTH DAY OF SEPTEMBER, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP SL OWNER HOLDING II, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2013.

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

5398525 8300

131086356

You may verify this certificate online at Corp. delaware. cov/authver. shtml

Jeffrey W. Tullock, Secretary of State
AUTHENTICATION: 0734570

DATE: 09-13-13