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.

(((H13000269558 3)))



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

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 Spring Town TX, LLC

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

DEC 10 2013

1 CLINE

Electronic Filing Menu Corporate Filing Menu

Help

Amy J. Patterson

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;

f name unavailable, enter alternate name adopted for onsent of the managers or managing members adopt company," "L.L.C," "LLC.")		
Delaware	_{3.} 46-3985545	
(Jurisdiction under the law of which foreign limited company is organized)	d liability (PEI number, if appli	icable)
October 18, 2013	_{5.} perpetual	700
(Date of Organization)	(Duration: Year limited liability of exist or "perpetual")	company will cease to
upon qualification	,	
(Date first transacted but	siness in Florida, if prior to registration.) 08.502 F.S. to determine penalty liability)	- 13-4 · 1
450 S. Orange Avenue	rodicoz 1 .5. to watertima penarty natimity)	
		<u> </u>
Orlando, FL 32801	eet Address of Principal Office)	<u> </u>
If limited liability company is a manager-	-managed company, check here 🔳	
The name and usual business addresses o	- , ,	as follows:
The name and usual business addresses of Andrew A. Hyltin, 450 S. Ora	of the managing members or managers are	
	of the managing members or managers are unge Ave., Orlando, FL 32801 range Ave., Orlando, FL 3280	
The name and usual business addresses of Andrew A. Hyltin, 450 S. Ora Rosemary Q. Mills, 450 S. O. Scott C. Hall, 450 S. Orange D. Attached is an original certificate of existence, no me jurisdiction under the law of which it is organized.	of the managing members or managers are ange Ave., Orlando, FL 32801 Prange Ave., Orlando, FL 3280 Ave., Orlando, FL 32801 more than 90 days old, duly authenticated by the office (A photocopy is not acceptable. If the certificate is in)1 cial having custody of recor
The name and usual business addresses of Andrew A. Hyltin, 450 S. Ora Rosemary Q. Mills, 450 S. O. Scott C. Hall, 450 S. Orange D. Attached is an original certificate of existence, no manufacture of the certificate under eath of the translator of the certificate under eath of the translator.	of the managing members or managers are ange Ave., Orlando, FL 32801 prange Ave., Orlando, FL 3280 Ave., Orlando, FL 32801 more than 90 days old, duly authenticated by the official (A photocopy is not acceptable. If the certificate is in must be submitted.))1 cial having custody of recor
Andrew A. Hyltin, 450 S. Ora Rosemary Q. Mills, 450 S. O	of the managing members or managers are ange Ave., Orlando, FL 32801 prange Ave., Orlando, FL 3280 Ave., Orlando, FL 32801 more than 90 days old, duly authenticated by the official (A photocopy is not acceptable. If the certificate is in must be submitted.))1 cial having custody of recor
Andrew A. Hyltin, 450 S. Ora Rosemary Q. Mills, 450 S. O Scott C. Hall, 450 S. Orange Attached is an original certificate of existence, no me jurisdiction under the law of which it is organized. In the certificate under eath of the translator. Nature of business or purposes to be continued.	of the managing members or managers are ange Ave., Orlando, FL 32801 Prange Ave., Orlando, FL 32801 Ave., Orlando, FL 32801 more than 90 days old, duly authenticated by the office (A photocopy is not acceptable. If the cartificate is in must be submitted.))1 cial having custody of recor
The name and usual business addresses of Andrew A. Hyltin, 450 S. Oral Rosemary Q. Mills, 450 S. O. Scott C. Hall, 450 S. Orange D. Attached is an original certificate of existence, no magnification under the law of which it is organized. In anslation of the certificate under eath of the translator. Nature of business or purposes to be concentral real estate.	of the managing members or managers are lange Ave., Orlando, FL 32801 prange Ave., Orlando, FL 32801 Ave., Orlando, FL 32801 more than 90 days old, duly authenticated by the offic (A photocopy is not acceptable. If the certificate is is must be submitted.)	cial having custody of recorn a forcign language, a
Andrew A. Hyltin, 450 S. Ora Rosemary Q. Mills, 450 S. O Scott C. Hall, 450 S. Orange Attached is an original cartificate of existence, no me jurisdiction under the law of which it is organized. In Nature of business or purposes to be corrental real estate Signature of a metable (In accordance with section 608.408(3), 1	of the managing members or managers are ange Ave., Orlando, FL 32801 Prange Ave., Orlando, FL 32801 Ave., Orlando, FL 32801 more than 90 days old, duly authenticated by the office (A photocopy is not acceptable. If the cartificate is in must be submitted.)	cial having custody of recorn a forcign language, a mber.

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.

1. The name of the Limited Liability Company is: GGT Spring Town TX, LLC			
			If unavailable, the alternate to be used in the state of Florida is:
	<u>対</u> (2) (2) (3)	281	
The name and the Floride street address of the reprintered agent and office are:	受の	013	

2. The name and the Florida street address of the registered agent and office are:

Amy J. Patterson	を記され	9-3
(Name)		
450 S. Orange Avenue		₽¥ 52
Florida Street Address (P.O. Box NOT ACCEPTABLE)	1 m	\sim

Orlando	_{FL} 32801
City/Stare/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.

(Signature)

\$ 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 "GGT SPRING TOWN TX, 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-FIRST DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GGT SPRING TOWN TX, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2013.

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

SECRETARY OF STATE
SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETA

5418144 8300

131213056

AUTHENTICATION: 0827654

DATE: 10-21-13

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