

Division of Corporations

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**M14000001329**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000042912 3)))



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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.\*\***

Email Address: eileen.soto@cnl.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
GGT City Walk Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2014 FEB 26 A 8:25  
FEB 27 2014

Electronic Filing Menu Corporate Filing Menu

B. BOSTICK  
Help FEB 27 2014

EXAMINER

H1400004 2912 3

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **GGT City Walk Holdings, 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. The alternate name must include "Limited  
Liability Company," "L.L.C.," or "LLC.")

2. **Delaware**(Jurisdiction under the law of which foreign limited liability  
company is organized)3. **80-0953562**

(FEI number, if applicable)

4. **upon qualification**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **450 S. Orange Avenue****Orlando, FL 32801**

(Street Address of Principal Office)

6. **PO Box 4920****Orlando, FL 32802**

(Mailing Address)

## 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Andrew A. Hyltin, Manager, 450 S. Orange Ave, Orlando, FL 32801****Rosemary Q. Mills, Manager, 450 S. Orange Ave, Orlando, FL 32801****Scott C. Hall, Manager, 450 S. Orange Ave, Orlando, FL 32801**

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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

H14000042912 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 City Walk Holdings, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name 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**

**FL 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 605, 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)

2014 FEB 26 AM 9:25  
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# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GGT CITY WALK 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GGT CITY WALK HOLDINGS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2013.

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2014 FEB 26 A 8:25  
DELAWARE

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140244759

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1163934

DATE: 02-26-14

850-617-6381

2/26/2014 10:46:23 AM PAGE

1/001

Fax Server



February 24, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CNL FINANCIAL GROUP, INC.

SUBJECT: GGT CITY WALK HOLDINGS, LLC  
REF: W14000011818

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist IIFAX Aud. #: H14000042912  
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