

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:

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.

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ECRETARY OF STATE

Foreign Limited Liability Company
CHP Isle at Watercrest-Bryan TX Owner, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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B. BOSTICK

APR 28 2014

EXAMINED 4/24/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. CHP Isle at Watercrest-Bryan TX 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. The alternate name must include "Limite Liability Company," "L.L.C," or "LLC.")	eđ
2. Delaware 3. 46-3904148	
Ourisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
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)	4 - 1 - 3
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	· · · · · · · · · · · · · · · · · · ·
Stephen H. Mauldin, Manager, 450 S. Orange Ave., Orlando, FL 32801	
Holly J. Greer, Manager, 450 S. Orange Ave., Orlando, FL 32801 №	
Joseph T. Johnson, 450 S. Orange Ave., Orlando, FL 32801	
Joseph 1. Johnson, 430 S. Orange Ave., Orlando, 1 L 32001	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offici 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 translations 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 perjuty that the facts stated herein a am aware that any false information submitted in a document to the Department of State constitutes a third degree follow; us provided for in a.817.155, F.S.)	are true. I
Amy J. Patterson	
Typed or printed name of signee	

414000097660.3

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.

CHP Isle at Watercrest-Bryan TX Owner, 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:

1. The name of the Limited Liability Company is:

	(Name)	****
450 S.	Orange Avenue	-
1	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	
Orlando	_{FT} 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 605, Florida Statutes.

Filing Fee for Application \$ 100.00 \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP ISLE AT WATERCREST-BRYAN TX 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 TWENTY-THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP ISLE AT WATERCREST-BRYAN TX OWNER, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2013.

5411567 8300

140508599

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

AUTHENTY CATION: 1314521

DATE: 04-23-14

850-617-6381

4/25/2014 10:22:35 AM PAGE 1/001 Fax Server



April 25, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

CNL FINANCIAL GROUP, INC.

SUBJECT: CHP ISLE AT WATERCREST-BRYAN TX OWNER, LLC

REF: W14000026267

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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 II FAX Aud. #: H14000097660 Letter Number: 914A00008870

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