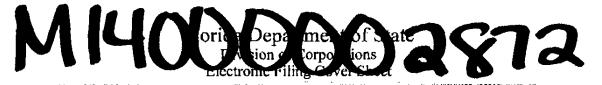
Division of Corporations

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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.

(((H14000097658 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1000 Phone 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 CHP Isle at Watercrest-Mansfield TX Owner, LLC

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

APR 28 2014 J. HARRIS

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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	()LJ11	
1. CHP Isle at Watercrest-Mansfield TX Owner, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "Lt.C.")	-	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of "LCC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida, 'The alternate name must include "Liability Company," "L.L.C," or "L.L.C.")	Limite	:d
2. Delaware 3. 46-3910613		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	₹	무
4. upon qualification	-	SEC.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty linhility)	AFR 25	97.75.77
5. 450 S. Orange Avenue		15.50 15.00
Orlando, FL 32801	=	-1
(Street Address of Principal Office)	_ <u>라</u> ,	77. re.
6. PO Box 4920		ě
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:		
Stephen H. Mauldin, Manager, 450 S. Orange Ave., Orlando, FL 3280)1	
Holly J. Greer, Manager, 450 S. Orange Ave., Orlando, FL 32801 Joseph T. Johnson, 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 having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation.)	ot	
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 am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.	heroin e .S.)	ure true, I
Amy J. Patterson		
Typed or printed name of signee		

HH 0000 9 7658 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 Is	sle at Watercre	est-Mansfield TX Owner, LLC	
If unavailab	le, the alternate to be use	ed in the state of Florida is:	
2. The nam	e and the Florida street a	ddress of the registered agent and office are:	DIVISION O
	Amy J. Pat	terson	25 % OSB
		(Name)	
	450 S. Orai	nge Avenue	6: 1 .9
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	<u>7</u> 77
	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)

H40000976583

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-MANSFIELD 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-MANSFIELD TX OWNER, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2013.

5411570 8300

140508599

You may verify this certificate online at corp.dolaware.gov/authver.ahtml

Jeffrey W. Builock, Secretary of State

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DATE: 04-23-14