

# M14000005073

Division of Corporations Page 6 of 9 2014-07-17 5:18 EDT 110764825 From: Eileen Soto  
 Division of Corporations Page 1 of 1

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.\*\***  
 Email Address: eileen.soto@cnl.com

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Foreign Limited Liability Company  
 GGT Jefferson Place MD Venture, LLC

Certificate of Status	1
Certified Copy	0
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H140001708083

**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 Jefferson Place MD Venture, 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. 47-1236937

(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)

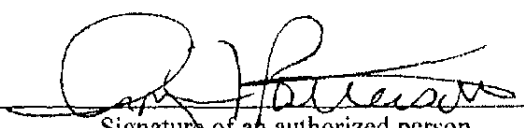
6. PO Box 4920, Orlando, FL 32802-4920

(Mailing Address)

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

GGT Jefferson Place Holdings, LLC, Managing Member450. 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

H140001708053

**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 Jefferson Place MD Venture, 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**

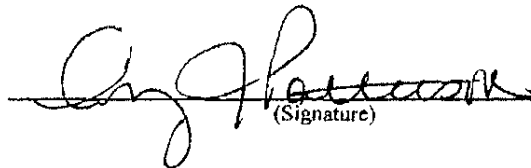
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**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)

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# *Delaware*

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*The First State*

PAGE 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GGT JEFFERSON PLACE MD VENTURE, 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 TWENTIETH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GGT JEFFERSON PLACE MD VENTURE, LLC" WAS FORMED ON THE NINETEENTH DAY OF JUNE, A.D. 2014.

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



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PAGE 1

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

AUTHENTICATION: 1471303

DATE: 06-20-14  
140863011