Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000218664 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Number : 113615003626

Account Name : CNL FINANCIAL GROUP, INC.

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: linda.scarcelli@cnl.com

### Foreign Limited Liability Company **CCT Holdings LLC**

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

SEP 2 8 2014



September 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL FINANCIAL GROUP, INC. LINDA A SCARCELLI

SUBJECT: CCT HOLDINGS LLC

REF: W14000057173

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.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L14000118129 "CCsT HOLDINGS, LLC".

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.

Karen Saly Regulatory Specialist II FAX Aud. #: E14000218664 Letter Number: 414A00020000

RECEIVED

14. SEP 22 AM II:
BUNISION OF COMPONATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

## 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:

| CCT Holdings LLC  | imited Liability Company; must include "Li   | mited Liability Company," "L.L.C                             | " or "LLC."  |
|---|--|--|--|
| Corporate Capital   |  |  |  |
|   | to name adopted for the purpose of transacti   | ing business in Florida. The alternat                        | e name must include "Limited   |
| Delaware  | 3, 36  | -4793144   |  |
| (Jurisdiction under the law of w<br>company is organized)             | hich foreign limited liability   | (FEI number, if app  | plicable)  |
| Upon qualification  |  |  |  |
|   | (Date first transacted business in Florida<br>(See sections 605.0904 & 605.0905, F.S. to                                     | a, if prior to registration.) o determine penalty liability) | ES TI  |
| 450 So. Orange Avenue, C  | rlando, FL 32801   |  |  |
|   |  |  | 22 1   |
|   | (Street Address of Pri   | ncipal Office)   | 部 子 (  |
| PO Box 4920, Orlando, FL  | 32802  |  | 75. 9  |
|   |  |  | 325  |
|   | (Mailing Add   | (ress)   | <u> </u>   |
| · -   | acity and address of the person(s) Designated Manager, 450 So. Orange A  | _  | manage is/are:   |
|   |  |  |  |
|   |  |  |  |
| aving custody of records  | certificate of existence, no more in the jurisdiction under the law to is in a foreign language, a trans                     | of which it is organized. (A                                 | A photocopy is not   |
|   | Sind al  | Carcelli   |  |
| accordance with section 605,0203, aware that any false information st | Signature of an autler.  F.S., the execution of this document constitutes a bmitted in a document to the Department of State | in affirmation under the penalties of per                    | jury that the facts stated herein are true. I<br>wided for in s.817.155, F.S.) |
| Lin   | fa A. Scarcelli  |  |  |
|   | Typed or printed nam   | e of signee  |  |

R14000218664 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 nar  | ne of the Limited Liability   | Company is:                                   |             |
|-------------|-------------------------------|---|-------------|
| CCT Holdin  | gs LLC                        |   |             |
| If unavaila | ble, the alternate to be used | in the state of Florida is:                   | TOTAL SEP 2 |
| 2. The nar  | ne and the Florida street ad  | dress of the registered agent and office are: | 238E. 51    |
|             | Linda A. Scarcelli            |   | 92          |
|             |                               | (Name)  |             |
|             | 450 So. Orange Avenue         |   |             |
|             | Florida Stn                   | cet Address (P.O. Box NOT ACCEPTABLE)         | <del></del> |
|             | Orlando                       | FL 32801                                      |             |
|             |                               | City/State/Zip                                | <u> </u>    |

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.

By: Scarcell (Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Pagistared

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

H14000218664 3

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCT 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 AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCT HOLDINGS"
LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2014.

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

5591809 8300

141105033

You may varify this certificate online at corp. delaware. gov/suthwar.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1647242

DATE: 08-26-14