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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:

### een. soto@cal

#### Foreign Limited Liability Company CHP Yuma AZ MOB Owner, LLC

Certificate of Status	0
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## 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:

Liability Company," "L.L.C," or "LLC,")	i. The alternate name must include "Limited
<sub>2.</sub> Delaware <sub>3.</sub> pending	ZOIN
(Jurisdiction under the law of which foreign limited liability (FEI : company is organized)	number, if applicable)
upon qualification	500 70
(Date first transacted business in Florida, if prior to registratic (See sections 605.0904 & 605.0905, F.S. to determine penalty lit	n.)
5. 450 S. Orange Avenue	2 C
Orlando, FL 32801	<b>5</b> 8
(Street Address of Principal Office)	
<sub>5.</sub> PO Box 4920	
Orlando, FL 32802-4920	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have a	uthority to manage is/are:
Stephen H. Mauldin, Manager, 450 S. Orange Avenue	e, Orlando, FL 32801
Holly J. Greer, Manager, 450 S. Orange Avenue,	Orlando, FL 32801
Joseph T. Johnson, Manager, 450 S. Orange Avenue	e, Orlando, FL 32801
Joseph T. Johnson, Manager, 450 S. Orange Avenue  8. Attached is an original certificate of existence, no more than 90 days old having custody of records in the jurisdiction under the law of which it is oracceptable. If the certificate is in a foreign language, a translation of the cermust be submitted)	duly authenticated by the official ganized. (A photocopy is not

Typod or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.01 13 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.

	of the Limited Liabi IMa AZ MOI	lity Company is:  B Owner, LLC		~~	
If unavailable	, the alternate to be I	used in the state of Florida is:	SECRETA! ALLAHAS	1 463 410	undag gava gava
2. The name and the Florida street address of the registered agent and office are:		174 73% 18 40 A			
	Amy J. Pa	itterson	E A	9 00	
		(Name)	— **:		
	450 S. Or	ange Avenue			
	Florid	a 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)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP YUMA AZ MOB 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 TWELFTH DAY OF NOVEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP YUMA AZ MOB OWNER, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2014.

5*637513 8300* 

141397659

DATE: 11-12-14

DATE