Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Amy Patterson

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650-1000 1540

Fax Number

: (407)540-7522

entity to be used for future

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Day patterson@cnl.com

Foreign Limited Liability Company CNL GROWTH PROPERTIES II MEMBER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

\$107 F 3 844 WARE

T. Burch HPR 2 4 2015

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:

CNL Growth Properties II Member, LLC			_
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	.LÇ.")		
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name iability Company," "L.L.C," or "LLC,")	must inch	ude "Lit	_ mited
Delaware 3. Applied for			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)) Ex		-
. Upon qualification)-[<u> </u>	umpro H. J.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	8	.0 N	PARTON,
450 S. Orange Avenue	mer Men	ယ	arrand Jarranda
Orlando, FL 32801		- 	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Street Address of Frincipal Office) PO Box 4920	NO.A	က	- *140000.55
Orlando, FL 32802-4920			•
(Mailing Address)			•
7. The name, title or capacity and address of the person(s) who has/have authority to mana	ige is/ar	e:	
Stephen H. Mauldin, Manager, 450 S. Orange Ave., Orlando,	FL 32	801	_
Scott C. Hall, Manager, 450 S. Orange Ave., Orlando, FL 3	2801		
ammy J. Tipton, Manager, 450 S. Orange Ave., Orlando, I	L 32	801	•
Attached is an original certificate of existence, no more than 90 days old, duly authenticate aving custody of records in the jurisdiction under the law of which it is organized. (A photoceptable. If the certificate is in a foreign language, a translation of the certificate under or sust be submitted) Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes on affirmation under the penalties of perjury that a aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	tocopy in the of the	s not e trans	slator
Typed or printed name of signee			

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.

	the Limited Liability (wth Properti	company is: ies II Member, LLC			
If unavailable, th	ne alternate to be used	in the state of Florida is:			
2. The name and	d the Florida street add	dress of the registered agent and office are:			
Amy J. Patterson			_ 50.		
		(Name)		5	satisf Palm s
450 South Orange Avenue				APR 23	A PROPERTY.
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SO CARROLL STATES		٠	
	Orlando,	52801	1 1073/50 145-80	PH	in i
		City/\$tate/Zip	NDA NDA	<u>ာ</u> သ	S (Cample)

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

S 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 "CNL GROWTH PROPERTIES II MEMBER, 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 APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNL GROWTH PROPERTIES II MEMBER, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2015.

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

R 23 PM II: 50 ALLY OF STATE ASSEEL FLORIDA

5732253 8300

150535664

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

AUTHENTICATION: 2306384

DATE: 04-20-15

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