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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)540-7522 Fax Number

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

Email Address: amy pattersme en com

Foreign Limited Liability Company CHP 971 Lane CA MOB Owner, LLC

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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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

| (If name unavailable, enter a Liability Company," "L.L.C, | Iternate name adopted for the purpose of the | ransacting business in Florida. The alternate name | must include "Limited |
|--|---|--|-----------------------|
| 2. Delaware | | applied for | |
| | of which foreign limited liability | (FEI number, if applicable) | |
| 4. upon qualification | | | |
| - | (Date first transacted business in (See sections 605.0904 & 605.0905 | Florida, if prior to registration.) , F.S. to determine penalty liability) | |
| 5, 450 S. Orange Avenue | <u> </u> | | - 2 |
| Orlando, FL 32801 | | | 2015 HAY SECRET |
| Oliminati i 3 2200 . | (Street Address of Princi | pal Office) | See H |
| 6. PO Box 4920 | | | 12 - I |
| Orlando, FL 32802-49 | 20 | | 587 - IT |
| O(18000; 1 E 32802-43 | (Mailing Addre | (33) | |
| 7. Name and street address | is of Florida registered agent; (P.O. B | ox NOT acceptable) | C0.55 |
| · · · · · · · · · · · · · · · · · · · | Amy J. Patterson | | 22 210 |
| Name: | | | |
| Office Address: | 450 S. Orange Avenue | | |
| | Orlando | , Florida 32801 | |
| Registered agent's accep | (City) | , Florida (Zip code) | |
| this application, I hereby | accept the appointment as registered statutes relative to the proper and contition as registered agent. | of process for the above stated corporation at agent and agree to act in this capacity. I fun inplate performance of my duties, and I am for the capacity of t | rther agree to comply |
| 8. The name, title or caps | acity and address of the person(s) who | has/have authority to manage is/are: | |
| · | 450 S. Orange Avc., Orlando, FL 3280 | • | |
| Stephen H. Mauldin, Man | iager, 450 S. Orange Ave., Orlando, F. | L 32801 | |
| Kevin R. Maddron, Mana | ger, 450 S. Orange Ave., Orlando. FL | 32801 | |
| | of which it is organized. (If the certific ubmitted) | d, duly authenticated by the official having curate is in a forcign language, a translation of the control of t | |
| | rue. I am aware that any false informa | document constitutes an affirmation under the then submitted in a document to the Department. | |

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHP 971 LANE CA 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 FIFTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP 971 LANE
CA MOB OWNER, LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D.
2015.

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

5740421 8300

150608268

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

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 2348727

DATE: 05-05-15