# M150369

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To:

Division of Corporations

Fax Number : (850)617-6383

AMY J. PATTERSON

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626

Phone : (407)650-10001540

Fax Number : (407)540-7522

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

Email Address: amy patterson@col.com

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#### Foreign Limited Liability Company CHP 959 Lane CA MOB Owner, LLC

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MAY 12 2015 J. BRUCE

### 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: CHP 959 Lane CA MOB Owner, 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 applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) upon qualification (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 450 S. Orange Avenue Orlando, FL 32801 (Street Address of Principal Office) PO Box 4920 Orlando, FL 32802-4920 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Amy J. Patterson Name: 450 S. Orange Avenue Office Address: Florida 32801 Orlando Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Holly J. Greer, Manager, 450 S. Orange Avc., Orlando, FL 32801 Stephen H. Mauldin, Manager, 450 S. Orange Ave., Orlando, FL 32801 Kevin R. Maddron, Manager, 450 S. Orange Ave., Orlando, FL 32801 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) (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

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Amy J. Patterson

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHP 959 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 ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP 959 LANE
CA MOB OWNER, LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D.

2015.

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

AUTHENTY CATION: 2348735

DATE: 05-05-15