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Account Number: 113615003626 Phone: (407)650-1000

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K. SALY EXAMINER

MAY 2 9 2015

5/28/2015

H15000121861 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SPCTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	Owner, LLC eign Limited Clability Company; m	ust includ	le "Limited Liabi	ity Company," "L.L.C.," o	or "LLC.")
If name unavailable, enter a liability Company," "L.L.C.	Iremate name adopted for the purpo	sc of tran	secting business	n Florida. The alternate n	ame must include "Limited
Delaware		,	applied for		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3. ,		(FEI number, if applicable	(c)
t. upon qualification					·
	(Date first transacted busin (See sections 605,0904 & 60	sess in Fig 5.0905, F	orida, if prior to n .S. to determine p	egistration.) cnalty liability)	
450 S. Orange Avenue	2		.		
Orlando, FL 32801		 			_
TIÓ 120-4000	(Street Address of	Principal	(Office)		201
5. PO Box 4920	····				2015 HAY
Orlando, FL 32802					PAR 2
	(Mailing	Address)		7 7 7
7. Name and street addres	ss of Florida registered agent: (1	P.O. Box	NOT acceptat	ole)	
A. I	Amy J. Patterson				AN II: OU
Name:					
Office Address:	450 S. Orange Avenue				3 7 3
	Oriando			Florida 32801	"
Registered agent's accep	(City)			(Zip code)	
Having been named as re his application, I hereby	egistered agent and to accept se accept the appointment as regi statutes relative to the proper a ition as registered agent.	istered ag nd comp	zent and agree	to act in this capacity	I further agree to comply
8. The name, title or cap:	acity and address of the person(s	s) who ha	as/have authorit	y to manage 19/are:	
•	acity and address of the person(s			y to manage 15/are:	
Holly J. Greer, Manager,	•	L 32801	· · · · · · · · · · · · · · · · · · ·	y to manage 19/are:	
Holly J. Greer, Manager, Stephen H. Mauldin, Mar	450 S. Orange Avc., Orlando, F	L 32801 ndo, FL	32801	y to manage 15/are:	
Holly J. Greer, Manager, Stephen H. Mauldin, Mar Kevin R. Maddron, Mana O. Attached is a certificate	450 S. Orange Ave., Orlando, F mager, 450 S. Orange Ave., Orlan- ager, 450 S. Orange Ave., Orlando e of existence, no more than 90 d of which it is organized. (If the	FL 32801 πdo, FL 3 do, FL 3 lays old,	32801 2801 duly authentica	ted by the official havin	g custody of records in the

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

Amy J. Patterson

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP MAPLEWOOD MN 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 TWENTY-SEVENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP MAPLEWOOD MN OWNER, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2015.

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

5753535 8300

150778460

DATE: 05-27-15

AUTHENTY CATION: 2411263

Jeffrey W. Bullock, Secretary of State