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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) 540-7522

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: giken.sota@cni.com

**Foreign Limited Liability Company**  
**CHP Columbia MO Plaza 1 MOB Owner, LLC.**

Certificate of Status	0
Certified Copy	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:

1. CHP Columbia MO Plaza 1 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 3. 37-1786243  
(Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)

4. upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 450 S. Orange Avenue  
Orlando, FL 32801  
(Street Address of Principal Office)

6. PO Box 4920  
Orlando, FL 32802-4920  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Amy J. Patterson  
Office Address: 450 S. Orange Avenue  
Orlando, Florida 32801  
(City) (Zip code)

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.

Amy J. Patterson  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Stephen H. Mauldin, Manager, 450 S. Orange Avenue, Orlando, FL 32801

Holly J. Greer, Manager, 450 S. Orange Avenue, Orlando, FL 32801

Kevin R. Maddron, Manager, 450 S. Orange Avenue, 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)

Amy J. Patterson  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP COLUMBIA MO PLAZA 1 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 SEVENTEENTH DAY OF JUNE, 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 COLUMBIA MO PLAZA 1 MOB OWNER, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2015.

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150928650

You may verify this certificate online  
at [corp.delaware.gov/authverx.shtml](http://corp.delaware.gov/authverx.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2474435

DATE: 06-17-15