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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LINDA A. SCARCELLI

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

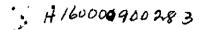
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

Foreign Limited Liability Company CGP II GOOSE CREEK SC HOLDING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

APR 13 2016

SHIVERS



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 DABILITY COMPANY TO TRANSACT RESIDENCE. INTUES STATE OF FLORIDA.

COMPANY TO TRANSACT BY	USINESS IN THE STATE OF FLORIDA:					
	EK SC HOLDING, LLC					
(Name of For	cign Limited Liability Company: must	include "Limited List	ility Company," "L.L.C.,"	or "LLC.")		_
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of "or "LLC.")	of transacting business	s in Florida. The alternate t	name must inc	lude "L	imited
2 DELAWARE		30-0930924				
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicat	ole)		
4. Upon qualification						
<u></u>	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to	registration.)			
. 450 So. Orange Avenu	ue, Orlando, FL 32801	303, 143. to determine	penany naomy)			
J						
	(One 1 4 13 Ob.)	5 - 1 - 1 (N/N N				
(Street Address of Principal Office) 6 PO Box 4920, Orlando, FL 32802						
6. 10 Box 4920, Oriando				— <u>- </u>	5	
				; ;	APR	ī
•	(Mailing Ad	idress)				1 april
7. Name and street addre	ss of Florida registered agent: (P.O	. Box <u>NOT</u> accepta	ible)	00 m	\sim	f of the
Name:	Linda A. Scarcelli		-			
Office Address:	450 So. Orange Avenue		_	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	7: L	
	Oorlando		, Florida 32801	ŞF	49	
	(City)		(Zip code)			
designated in this applicate complywith the provisi	egistered agent and to accept servication, I hereby accept the appointment ons of all statutes relative to the promy position as registered agent. By:	nent as registered of roper and complete	ent and agree to act in	this capacity	. Ifu	rther agree
8. The name, title or cap	acity and address of the person(s) w	vho has/have authori	ty to manage is/arc:			
Stephen H. Mauldin, Seo	tt C. Hall and Tammy J. Tipton, Bo	ard of Managers,				
450 So. Orange Avenue,	Orlando, FL 32801					
	<u>. </u>		····			
9. Attached is a certificate jurisdiction under the law of the translator must be s	- Fordels.	s old, duly authentic tificate is in a foreig	ated by the official having language, a translation	ng custody of	reconicate u	ds in the under oath
This document is executed submitted in a document to	in accordance with section 605.020 the Department of State constitute:	03 (1) (b), Florida S s a third degree felo	tatutes. I am aware that a ny as provided for in s.8	any false info 17.155, F.S.	rmatic	on
	Linda ∧. Scarcelli					

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CGP II GOOSE CREEK SC HOLDING, LLC" IS

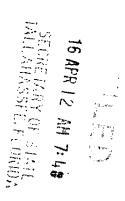
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGP II GOOSE CREEK SC HOLDING, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 201983643

Authentication: 201983643 Date: 03-15-16