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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

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

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Foreign Limited Liability Company CHP Douglassville PA Owner, LLC

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

IN COMPLIANCE WITH SECTION 615,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CHP Douglassville PA 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 (Junsdiction 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. Otange 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: Orlando (City) 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 (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)

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

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP DOUGLASSVILLE PA 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-NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP DOUGLASSVILLE PA OWNER, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2016.

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

6080416 8300 SR# 201647043B0

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

Authentication: 202579979

Date: 06-29-16