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(((H16000300156 3)))



H160003001563ABCW

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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.\*\*

Foreign Limited Liability Company

CCT SE III LLC

Certificate of Status

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CCT SE III LLC

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## (((H160003001563)))

## 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:

	SINESS IN THE STATE OF FLORIDA:		
I. CCT SE IN LLC			
(Name of Fore	ilgn Limited Liability Company; must include	"Limited Liability Company," "L.L.C.,"	or "1.1.C.")
Lishility Company," "L.L.C."	ternate name adopted for the purpose of trans	acting business in Florida. The alternate n	mne must include "Limited
2. DELAWARE	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	(e)
4			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, it prior to registration.)  S. to determine penalty liability)	
5. 450 S. ORANGE AVE	ENUE		pa-ca.
ORLANDO, FL 32801			
	(Street Address of Principal	Office)	AT YOU
6. P.O. BOX 4920		<u>.                                    </u>	
ORLANDO, FL 32802			
	(Mailing Address)		_
7. Name and street address	g of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	LINDA A. SCARCELLI		
Office Address:	450 S. ORANGE AVENUE	,	2016 All
	ORLANDO	, Florida 32801	
Registered agent's accep	(City)	(Zip code)	SSS
	cance. gistered agent and to accept scrvice of p	rocess for the above stated limited lid	bility company at the pidce
designated in this applica	tion, I hereby accept the appointment as	registered agent and agree to act in	this capacity. I further agree
	ons of all statutes relative to the proper a my position as registered agent————————————————————————————————————	ina complete perjormance oj my auti	- 22/25 - 11
		CALCOLL	25 DA
	-Registered agen		
0 7m atal	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	and the second of the second	
•	scity and address of the person(s) who has TRUST, INC., SOLE MEMBER	s/have authority to manage is/are:	
	ASSISTANT SECRETARY	· · · · · · · · · · · · · · · · · · ·	<del></del>
450 S. ORANGE AVENU	JE. ORLANDO, FL 32801	<del></del>	<del></del>
		<del></del>	<del></del>
	of existence, no more than 90 days old, dof which it is organized. (If the certificate shmitted)		
	- Janh V.	Starreth	<del></del>
	Signature of an aut	horized person	
This document is executed submitted in a document to	in accordance with section 605,0203 (1) the Department of State constitutes a thir	(b), Florida Statutes. I am aware that and degree felony as provided for in s.8	my faise information 17.155, F.S.

Typed or printed name of signee (((H16000300156 3)))

LINDA.A. SCARCELLI

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## <u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CCT SE III 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 THIRTIETH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCT SE III LLC"
WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2016.

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

6232411 8300 SR# 20166830524

You may verify this certificate online at corp.dalaware.gov/authver.shtml (((H16000300156 3)))

Authentication: 203416196

Date: 11-30-16