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To:

Division of Corporations

Fax Number

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From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

: (407)650-1552

Fax Number

: (407)540~2699

**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 Siesta Key MD Holding, LLC

| Certificate of Status | 1 |
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D. BRUCE MAY 25 2017

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA.

| 1, CGP Siesta Key | MD Holding, LLC gn Limited Liability Company, must include "Limite | d Liability Company, "L.L.C.," or "L | .cc.") | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| | | | | |
| | te name adopted for the purpose of transacting business in Plo | | ted Liability Company," "L.L.C." or "L.L.C.") | |
| 2. Delaware | (which toreign limited liability company is organized) | 3. <u>30-0989826</u> | I ramber, if applicable) | |
| Chaustolities august are 1844 o | which loreign litracet hability conspany is diffuncted | \$F.L | it turnoet, is approached | |
| 4. upon qualification | | | | |
| | Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine | registration.) inc penalty liability) | | |
| 5. 450 S. Orange Av | venue | 6. P.O. Box 4920 | | |
| [Street Address of Principal Office] | | (Malling Address) | | |
| Orlando, FL 3280 | 1 | Orlando, FL 32802- | 4920 | |
| 7. Name and street add | ress of Fiorida registered agent: (P.O. Box Amy J. Patterson | NOT acceptable) | | |
| Office Address | 450.0.000000 | <u> </u> | | |
| Office Address | | 3290 | 1 | |
| • | Orlando (City) | , Florida 3280 | Zip code) | |
| and accept the obligati | ons of my position as registered agent. (Registered agent's | signature) | | |
| 8. The name, title or ca <u>Title or Capacity:</u> | apacity and address of the person(s) who ha Name and Address: | is/have authority to manage is/s <u>Title or Capacity:</u> | ere: Name and Address: | |
| Manager | Scott C. Hall | Manager | Tammy J. Tipton | |
| | 450 S. Orango Averus | | 450 S Orango Avenue | |
| | Orlando, FL 32501 | _ | Orlando, FL 32501 | |
| Managar | Stanhan W Mouldin | | | |
| Manager | Stephen H. Mauldin | <u> </u> | | |
| | Oriendo, FL 12A01 | - - | | |
| (Use attachments if nec | eqsarv) | | | |
| 9. Attached is a certifica | ate of existence, no more than 90 days old, w of which it is organized. (If the certificate submitted) | duly authenticated by the office is in a foreign language, a tra | ial having custody of records in the nslation of the certificate under oath | |
| | couted in accordance with section 605.0203 to the Department of State constitutes a thi | | | |
| | Amy J. Patterson | | | |

Typed or printed name of signed

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CGP II SIESTA KEY MD 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 SECOND DAY OF MAY, A.D. 2017.

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

6397592 8300 SR# 20172984185

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

MSQC 1

Authentication: 202468543

Date: 05-02-17