Florida Department of State Division of Perpendions Electronic Einite Controlled Electronic Einite Controlled

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From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626 Phone: (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: linda. Scarcelli @ cnl. com

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July 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL FINANCIAL GROUP, INC.

SUBJECT: JERSEY CITY FUNDING LLC

REF: W17000059638

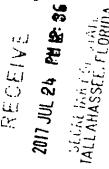
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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Karen A Saly Regulatory Specialist II FAX Aud. #: H17000187446 Letter Number: 817A00014620



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P.O BOX 6327 - Tallahassec, Florida 32314

(H 17000187446 3) 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:

	amited Liability Company; must include Limited	d Liabilit	y Company, "LL.C.," or "LLC.")	
name unavailable, order alternate na	me adopted for the purpose of transacting business in Flor	nida The a	Iterrate asing great findude "Etimiled Linb	ing Company, E.C.C. or H.C. F
Deleware		3.	36-4842694	tr, if apphonbie)
(Jimishetion under the life of whi	ich toroign kenned tiability company is organized)		At the remains	,,, u <u>app</u>
Upon qualification				
	(Date first transacted business in Florida, if proor to (See sections 605,0904 & 605,0905, F.5. to determine	registration ine penalty	tsbilnyl	
450 So. Orange Avenue	·		P.O. Box 4902	
(Strott Aridica of Pa	nacipal Uffice)	٠.	(danage voo.	G(z)
Orlando, FL 32801			Oriando, FL 32802-4920	
Ni and most address	s of Florida registered agent: (P.O. Box	NOT	acceptable)	
Name and <u>street addres</u> Name:	Linda A. Scarcelli	· 1		
Office Address:	450 Sc. Orange Avenue			
	Orlando		Florida32801	
	(City)		(7 ip cod	c)
	(Regesierod agenta's	ecce	eh	
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	acity and address of the person(s) who h Name and Address:	nas/havo <u>J</u>	authority to manage is/are:	Name and Address:
Title or Capacity:	Name and Address:	1	authority to manage is/are: <u>Fitle or Capacity:</u>	
	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue	1	authority to manage is/are: <u>[itle or Capacity:</u>	Name and Address:
Title or Capacity:	Name and Address: Corporate Capital Trust, Inc.	1	authority to manage is/are: Fitle or Capacity:	WL 24
Title or Capacity:	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue	1	authority to manage is/are: <u>Fitle or Capacity:</u>	UL 24 AH
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Title or Capacity:	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue	1	authority to manage is/are: <u>Fitle or Capacity:</u>	UL 24 AH 9: 2 CTAS YOU SELVED
Title or Capacity: Designated Manager	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue Orlando, FL 32801	1	authority to manage is/are: Fitle or Capacity;	JUL 24 AH BE
Title or Capacity: Designated Manager (Use attachments if necessary)	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue Orlando, FL 32801		itle or Capacity:	JUL 24 AH BI 20
Title or Capacity: Designated Manager (Use attachments if necess Attached is a certificate jurisdiction under the law	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue Orlando, FL 32801 ssary) of existence, no more than 90 days old of which it is organized. (If the certification of the cortification of the certification of the certi		uthenticated by the official h	AH BE COME AND
Title or Capacity: Designated Manager (Use attachments if necessity). Attached is a certificate jurisdiction under the law of the translator must be seen at the comment is expensed.	Name and Address: Corporate Capital Trust, Inc. 450 So. Orange Avenue Orlando, FL 32801 Ssary) e of existence, no more than 90 days old of which it is organized. (If the certific submitted)	i. duly acte is in	uthenticated by the official ha foreign language, a transla	aving custody of records ition of the certificate under
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<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "JERSEY CITY FUNDING 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 NINETEENTH DAY OF JULY, A.D. 2017.

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

C,

SR# 20175308424

6100163 8300

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

James A Bands, Samuel and Bands

Authentication: 202911018

Date: 07-19-17

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