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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Amy Patterson

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407) 650-14874 1540

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: amy, Patter schoch.com

Foreign Limited Liability Company

CHP Albuquerque NM Land 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:

(If name unavailable, enter alternate	nurse adopted for the purpose of transacting business in Flo	oids. The alternate name must include "Limited Lie	Sollary Company, " "L.L.C." or "LLC.")	
2. Delaware		3 Applied for	. ,	
(Jurisdiction under the law of which foreign limited limbling company is organized)		(FEL number, if applicable)		
4. Upon qualification				
	[Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	regionation.)	<del></del>	
450 S. Orange Avenu		6. PO Box 4920	- 28	
(Street Address of		(Mailing Add		
Orlando, FL 32801		Orlando, FL 32802-4920		
		- <del></del>		
<ol> <li>Name and <u>street addre</u></li> </ol>	ess of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Amy J. Patterson		= $=$ $:$	
	450 S. Orange Avenue		2 · ·	
Office Address:	450 S. Grange Avenue		シャー	
	Orlando	, Florida <u>32801</u>		
Registered agent's acce	(Clty)	(Zip tool	te)	
nd accept the obligation	s of my position as registered agent.  (Registered agent's			
S. The name, title or cap	acity and address of the person(s) who has	ignoring) s/have authority to manage is/are:		
S. The name, title or cap  Title or Capacity:	acity and address of the person(s) who has	ignarture)	duties, and I am familiar with  Name and Address:	
<ol> <li>The name, title or cap</li> </ol>	acity and address of the person(s) who has  Name and Address:  Stephen H. Mauldin	ignoring) s/have authority to manage is/are:	Name and Address: Holly J. Greer	
S. The name, title or cap  Title or Capacity:	acity and address of the person(s) who has	s/have authority to manage is/are:  Title or Capacity:	Name and Address: Holly J. Greer 450 S. Orange Avenue	
S. The name, title or cap  Title or Capacity:  Manager	acity and address of the person(s) who has  Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue	s/have authority to manage is/are:  Title or Capacity:	Name and Address: Holly J. Greer	
S. The name, title or cap  Title or Capacity:	acity and address of the person(s) who has  Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron	s/have authority to manage is/are:  Title or Capacity:	Name and Address: Holly J. Greer 450 S. Orange Avenue	
S. The name, title or cap  Title or Capacity:  Manager	acity and address of the person(s) who has  Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801	s/have authority to manage is/are:  Title or Capacity:	Name and Address: Holly J. Greer 450 S. Orange Avenue	
8. The name, title or cap  Title or Capacity:  Manager  Manager	acity and address of the person(s) who has  Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron  450 S. Orange Avenue  Orlando, FL 32801	s/have authority to manage is/are:  Title or Capacity:	Name and Address: Holly J. Greet 450 S. Orange Avenue	
8. The name, title or cap  Title or Capacity:  Manager  Manager  (Use attachments if neces	acity and address of the person(s) who has Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron  450 S. Orange Avenue  Orlando, FL 32801	s/have authority to manage is/are:  Title or Capacity:  Manager	Name and Address: Holly J. Greer 450 S. Orange Avenue Orlando, FL 3280!	
8. The name, title or cap  Title or Capacity:  Manager  Manager  Use attachments if neces  Attached is a certificate	acity and address of the person(s) who has Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron  450 S. Orange Avenue  Orlando, FL 32801  stephen H. Maddron  Active R. Maddron  A	s/have authority to manage is/are:  Title or Capacity:  Manager   uly authenticated by the official ha	Name and Address: Holly J. Greer 450 S. Orange Avenue Orlando, FL 3280!	
8. The name, title or cap  Title or Capacity:  Manager  Manager  Use attachments if neces  Attached is a certificate arisdiction under the law	acity and address of the person(s) who has Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron  450 S. Orange Avenue  Orlando, FL 32801  stary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate	s/have authority to manage is/are:  Title or Capacity:  Manager   uly authenticated by the official ha	Name and Address: Holly J. Greer 450 S. Orange Avenue Orlando, FL 3280!	
8. The name, title or cap  Title or Capacity:  Manager  Manager  Use attachments if neces  Attached is a certificate arisdiction under the law of the translator must be so  0. This document is executed.	acity and address of the person(s) who has Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron  450 S. Orange Avenue  Orlando, FL 32801  stary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate obmitted)  uted in accordance with section 605.0203	a/have authority to manage is/are:  Title or Capacity:  Manager  uly authenticated by the official ha is in a foreign language, a translati	Name and Address: Holly J. Greer 450 S. Orange Avenue Orlando, FL 3280!  ving custody of records in the ion of the certificate under oath	
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S. The name, title or cap  Title or Capacity:  Manager  Manager  Use attachments if neces  Attached is a certificate arisdiction under the law of the translator must be so.  This document is executed.	acity and address of the person(s) who has Name and Address:  Stephen H. Mauldin  450 S. Orange Avenue  Orlando, FL 32801  Kevin R. Maddron  450 S. Orange Avenue  Orlando, FL 32801  stary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate obmitted)  uted in accordance with section 605.0203	a/have authority to manage is/are:  Title or Capacity:  Manager  uly authenticated by the official ha is in a foreign language, a translati	Name and Address: Holly J. Greer 450 S. Orange Avenue Orlando, FL 3280?  ving custody of records in the ion of the certificate under oath	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CHP ALBUQUERQUE NM LAND 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 TENTH DAY OF AUGUST, A.D. 2017.

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

٠..

6507419 8300
SR# 20175670907
You may verify this certificate priline at corp.gelaware.gov/authver.shtml

Authentication: 203038204

Date: 08-10-17

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