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To:

Division of Corporations

Fax Number

: (850)617-6363

From:

Any Patterson

: CNL FINANCIAL GROUP, INC. Account Name

Account Number : 113615003626

Phone

: {407}650-<del>1352</del>**\S\\O** 

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.\*\*

Foreign Limited Liability Company CNL Growth Properties III Member, LLC

K. SALY JAN - 9 2018

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## 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: 1. CNL Growth Properties III Member, 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 trainess in Florids. The alternate name must include "Limbed Liability Company," "LLC." or "LLC.") 2. Delaware (FEI marker, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon Qualification (Use first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. PO Box 4920 450 S. Orange Avenue (Speci Address of Principal Office) Orlando, FL 32802-4920 Orlando, FL 32801 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 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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/arc: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Tammy J. Tipton Stephen H. Mauldin Manager Manager 450 Ş. Orange Avenue 450 S. Orange Avenue Orlando, FL 32801 Orlando, FL 32801 Scott C. Hall Manager 450 S. Orange Avenue (Use attachments if necessary) 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) 10. 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

Typed or primed name of signet

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CNL GROWTH PROPERTIES III MEMBER, 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 NINTH DAY OF OCTOBER, A.D. 2017.

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

SECRETARY OF STATE ONS DIVISION OF COMPORATIONS

6570687 8300 SR# 20176525958

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

Serfrey W Statistic's, Secretary of States

Authentication: 203363475

Date: 10-09-17