Florida Department of State

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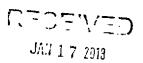
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Foreign Limited Liability Company CLP Beneficiary Blue II, LLC

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B FIGUEROA JAN 18 2018

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

 $c(G) = -\frac{1}{2}(G - D)$

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:

CLP Beneficiary Whist	er II, LLC				
(Name of Foreign I	imited Liability Company; must include "Lis	mited Liability Comp	pany," "L.L.C.," or "LLC.")		
finamo unavailable, enter alternate no	me adopted for the purpose of transacting business in		name must include "Limited Lishi	hty Company," "L.L.C," or "LLC.)	,
Delaware	ich foreign limited liabulty company is organizad)	3. <u>n/a</u>	(FEI numbe	τ, if applicable)	
(Imitgings make the lim of Ma	ten loreign intraced reports someony to organize		•		
Upon qualification		- Carlon Dan)			
	(Dete first transacted business in Florida, if pri (See semions 602 0904 & 605,0905, F.S. to do	termine penalty liability)		
450 S. Orange Avenue		6	(Mailing Addre		
(Street Address of P Orlando, Florida 32801	rincipal Office)		(Wating Your	31./	
Orlando, Florida 32001		 ,			
					
7. Name and street addres	s of Florida registered agent: (P.O.)	Вох <u>NOT</u> ассер	table)		
Name:	Amy J. Patterson		_		
m eg 11	450 S. Orange Avenue				
Office Address:					
	Orlando	 :	_, Florida 32801 (Zip code		
Registered agent's accep	(City)	:- :-	(2.17 1000	•7	
	()	gent's signature)		<u>.</u>	
8. The name, title or cop Title or Capacity:	acity and address of the person(s) when we will be and Address:	no has/have autho <u>Title n</u>	orty to manage is/are: or Capacity:	Name and Address:	
Member	CNL Lifestyle Advisor C	orponation			
	450 S. Orange Avenue Orlando, Florida 32801				
	Ormido, Frontis 22001			GS	7SE
			· •••	A	으문
					유물
		 .			NO.
(Use attachments if nece	ssary)			3	공유
9. Attached is a certificat jurisdiction under the law of the translator must be	e of existence, no more than 90 days of which it is organized. (If the cert submitted)	old, duly authen ificate is in a for	ticated by the official hi eign language, a translat	aving custody of records i tion of the certificate und	SNOW SNOW
10. This document is exe submitted in a document	cuted in accordance with section 605 to the Department of State constitute	.0203 (1) (b), F!	rida Statutes. I am awa clony as provided for in	re that any false informati s.817.155, F.S.	-
	31	guanure of an authorized	person		
	Amy J. Patterson				
	T	yped or printed name of	Faignes		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLP BENEFICIARY WHISTLER II, 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 TWELFTH DAY OF JANUARY, A.D. 2018.

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

....

Ç,

3861336 8300 SR# 20180223230

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

Jeffrey W Budleck, Secretary of State

Authentication: 201963511

Date: 01-12-18