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To:

Division of Corporations Fax Number : (850)617-6383

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:

Foreign Limited Liability Company CHP II MOB Holding, LLC

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Page Count	02
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JAN 2 4 2018

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 CHP II MOB Holding, LLC

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(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Company," "L.L.C.," or ")	U.C.")	
	une adopted for the purpose of transacting business in Flo		ited Liability Company, "CULC, or "LLC.)	
2. Delawarc ()ursdiction units the law of which foreign forsted liability company is organized)		3, 38-4050600 (FBI manber, if applicable)		
(IMBORING OWE) HE HA OF A	activities and the company of the second	(1		
upon qualification				
	(Date first transacted business in Florida, if prior to (See sections 603.0904 & 605.0905, F.S. to determ	registration.) iné peraky liabibity)		
450 S. Orange Avenue		6. PO Box 4920		
(Street Address of Principal Office)		(Mail	ing Address)	
Orlando, FL 32801		Orlando, FL 32802-4	920	
		<u> </u>		
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Amy J. Patterson		18	
Office Address:	450 S. Orange Avenue			
Office Address.			N	
	Orlando	, Florida <u>3280</u>	S No	
Registered agent's accep	(City)		(Zipcode)	
Having been named as re	gistered agent and to accept service of ,	process for the above stated li	imited llability compony gene place	
tesignated in this applica	tion, I hereby accept the appointment a	is registered agent and agree i	to act in this capacity. Infurther age	
to comply with the provisi	ions of all statutes relative to the proper	and complete performance of	of my duties, and: Cam familiar with	
and accept the obligation	s of my position as registered agent.	· · · · · · · ·	9	
	I'm Atte	on the		
	Registered agens's	signature)		
8. The name, title or capa	acity and address of the person(s) who his	s/have authority to manage is	/are:	
Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:	
Manager	Tracey B. Bracco	Manager	Kevin R. Maddron	
	450 S. Orange Avenue		450 S. Orange Avenue	
	Orlando, FL 32801	-	Orlando, FL 32801	
		551		
Manager	Stephen H. Mauldin			
	450 S. Orange Avenue	_		
	Orlando, FL 32801	_		

(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 printed name of signee



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP II MOB 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 NINETEENTH DAY OF JANUARY, A.D. 2018.

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

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6566595 8300 SR# 20180357937 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201998237 Date: 01-19-18

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