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2019-06-24 14:49:41 EDT

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6/24/2019

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Amy Patterson
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615803626
Phone : (407)658-1540
Fax Number : ~~(407)548-2699~~ 1-407-641-8361

****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.patterson@cnl.com*

Foreign Limited Liability Company
CGP III McKinney Falls TX Holding, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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JUN 25 2019

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. CGP III McKinney Falls TX Holding, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 83-4351032
(Jurisdiction under the law of which foreign limited liability company is organized) (FV number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S., to determine priority liability)

5. 450 S. Orange Avenue P.O. Box 4920
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32801 Orlando, FL 32802-4920

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

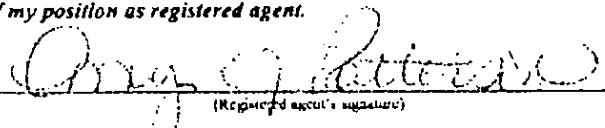
Name: Amy J. Patterson

Office Address: 450 S. Orange Avenue, P.O. Box 4920

Orlando 32802
(City) , Florida (Zip code)

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)

FILED

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: Scott C. Hall

☐ Member Address: P.O. Box 4920

☐ Authorized Orlando, FL 32802

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Tammy J. Tipton

☐ Member Address: P.O. Box 4920

☐ Authorized Orlando, FL 32802

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Stephen H. Mauldin

☐ Member Address: P.O. Box 4920

☐ Authorized Orlando, FL 32802

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

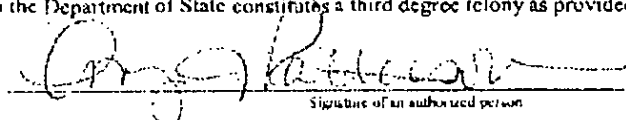
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.


Signature of an authorized person

Amy J. Patterson, Authorized Officer-Assistant Secretary

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CGP III MCKINNEY FALLS TX 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 SECOND DAY OF APRIL, A.D. 2019.

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



7355349 8300

SR# 20192482153

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202563065

Date: 04-02-19