

11/21/2019

Division of Corp

M19000011296

Florida Department of
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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)650-1540
Fax Number : (407)349-8899

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 Sunlake FL Owner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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NOV 26 2019

M. SOLOMON
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H190003414483

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 Sunlake FL Owner, 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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware applied for
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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 penalty liability)

5. 450 S. Orange Avenue P.O. Box 4920
(Street Address of Principal Office) (Mailing Address)

14th Floor Orlando, FL 32802-4920

Orlando, FL 32801

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

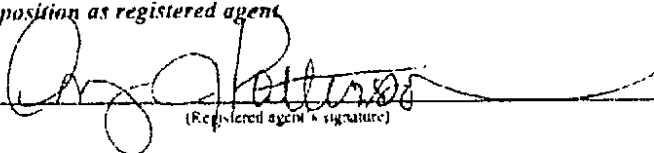
Name: Amy J. Patterson

Office Address: 450 S. Orange Avenue, 14th Floor

Orlando 32801
(City) (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)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Stephen H. Mauldin	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 450 S. Orange Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	14th Floor	<input type="checkbox"/> Authorized	_____
Person	Orlando, FL 32801	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

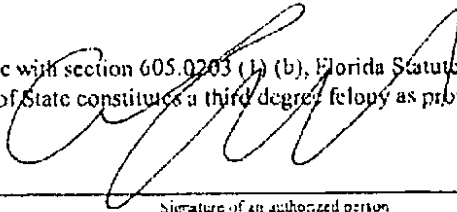
<input checked="" type="checkbox"/> Manager	Name: Tammy J. Tipton	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 450 S. Orange Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	14th Floor	<input type="checkbox"/> Authorized	_____
Person	Orlando, FL 32801	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: Scott C. Hall	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 450 S. Orange Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	14th Floor	<input type="checkbox"/> Authorized	_____
Person	Orlando, FL 32801	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Scott C. Hall

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CGP III SUNLAKE FL 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

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



7713253 8300

SR# 20198228348

You may verify this certificate online at corp.delaware.gov/authver.shtm1

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

Authentication: 204060050

Date: 11-21-19

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