

Document Number Only

M97000000203

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

C/Nin Financial III, Limited Company

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☒ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of F.A.

☐ Fictitious Name

☒ CUS

☐ After 4:30

☒ Pick Up

Name

Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.F. Verifier

CR2E031 (1-89)

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4/1/97
G. TAX _____
FILING _____
R. AGENT FEE _____
C. COPY _____
TOTAL _____
V. BANK _____
BALANCE DUE _____
RECORD _____

97 APR 17 PM 3:13

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97 APR 17 PM 1:21

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CNL FINANCIAL III, LLC
 (Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present. ~~Please Note: L.L.C. is not an acceptable suffix in Florida.~~)

2. DELAWARE
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. APPLIED FOR
 (FEI number, if applicable)

4. 4/15/97
 (Date of Organization)

5. PERPETUAL
 (Duration: Year limited liability company will cease to exist or "perpetual")

6. AFTER 4/16/97
 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 400 E. SOUTH STREET, SUITE 500
ORLANDO, FL 32801
 (Street address of principal office)

8. List and indicate in title space provided the name, title, and business address of each managing member[MGRM] or manager[MGR]. It is not necessary to list members.
 (attach additional page if necessary)

NAME & ADDRESS:

TITLE:

NAME & ADDRESS:

TITLE:

LYNN E. ROSE

400 E. SOUTH STREET

SUITE 500

ORLANDO, FL 32801

SECRETARY

of CNL FINANCIAL
CORPORATION as
MANAGER.

ROBERT A. BOURNE

400 E. SOUTH STREET

SUITE 500

ORLANDO, FL 32801

PRESIDENT of
CNL FINANCIAL
CORPORATION as
MANAGER.

Filing Fee: \$ 52.50 for Application

(FL. - LLC 3289 3/10/97)

97 APR 17 PM 3:13
 CNL FINANCIAL III, LLC
 SECRETARY
 ROBERT A. BOURNE

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

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CLERK OF DISTRICT COURT
JACKSONVILLE

The undersigned member or authorized representative of a member of CNL FINANCIAL III, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 2,000,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ NONE . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 2,000,000.00 . This total includes amounts from 2 and 3 above.



LYNN E. ROSE, SECRETARY of CNL FINANCIAL
CORPORATION as
MANAGER.

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$ 52.50 for Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

_____ CNL Financial III, Limited Company

2. The name and address of the registered agent and office is:

_____ C T Corporation System

(Name)

_____ 1200 South Pine Island Road

(P.O. Box not acceptable)

_____ Plantation, Florida 33324

(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_____ *Ronnie Bryan*

(Signature)

_____ April 17, 1997

(Date)

RONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

FILING FEE: \$ 35 for Designation of Registered Agent

FILED STATE
SECRETARY OF CORPORATIONS
97 APR 17 PM 3:13

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL FINANCIAL III, 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 SIXTEENTH DAY OF APRIL, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

97 APR 17 PM 3:13
RECEIVED
SECRETARY OF STATE
DELAWARE



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

2726477 8300

DATE:

8421917

971122510

04-16-97