M05000005151

| (Re | equestor's Name) |
|---------------------------|------------------------|
| (Ad | ddress) |
| (Ad | ddress) |
| (Cit | ity/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (Bu | usiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to I | Filing Officer: |
| | |





700059603917







ACCOUNT NO. : 072100000032

REFERENCE : 603396 4305738

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: September 19, 2005

ORDER TIME : 1:19 PM

ORDER NO. : 603396-015

CUSTOMER NO: 4305738

CUSTOMER: Ms. Celestine Pointer

Hirschler Fleischer

P. O. Box 500

Richmond, VA 23218-0500

FOREIGN FILINGS

NAME: NNN NETPARK II 2, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

05 SER 10 PM 3: 50

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | ANI TO HAIVACI DOBRESS IN THE STATE OF FLORIDA. |
|---|--|
| . NNN Netpark II 2 | LLC (Name of Foreign Limited Liability Company) |
| | (Name of Poreign Chinned Clabbilly Company) |
| . Delaware | 3. |
| (Jurisdiction under the le company is organized) | aw of which foreign limited liability 3 |
| . September 13, 200 | 5. Perpetual |
| (Date of | Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| . Upon Filing of this | application of authority (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| | (See Sections 608.301 & 608.302 P.S. to determine penalty magnity) |
| . 1551 N. Tustion Av | venue, Suite 200 |
| Santa Ana, CA 92 | 705 (Street Address of Principal Office) |
| | (Sueet Address of Principal Office) |
| . If limited liability of | company is a manager-managed company, check here |
| . The name and usua | I business addresses of the managing members or managers are as follows: |
| John L. Cox | |
| JOHN D. COR | |
| 17618 Pasture Roa | .d |
| Odessa, FL 3355 | 56 |
| | |
| ne jurisdiction under the law | certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records w of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a under cath of the translator must be submitted.) |
| 1. Nature of business | s or purposes to be conducted or promoted in Florida: |
| Real Estate Investm | ent / |
| | delester of Pointon |
| | Signature of a member or an authorized representative of a member. |
| | (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) |
| | Celestine Pointer, Authorized Representative |
| | Typed or printed name of signee |

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| . The name of the Limited Liability Company is: |
|---|
| NN Netpark II 2, LLC |
| . The name and the Florida street address of the registered agent and office are: |
| Corporation Service Company |
| (Name) |
| 1201 Hays Street |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Tallahassee FI 32301 |
| 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 as provided for in Chapter 608, Florida Statutes.

Company

By: Attended Distriction, Another Cutture

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN NETPARK II 2, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN NETPARK II 2, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4152771

DATE: 09-13-05

4029318 8300 050749259