

# N1900001154

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Foreign Limited Liability Company  
NADG NNN TB (SAR-FL) GP LLC

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**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. NADG NNN TB (SAR-FL) GP 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," "LLC," or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(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. 400 Clematis Street, Suite 201 6. 2851 John Street, Suite One  
(Street Address of Principal Office) (Mailing Address)  
West Palm Beach, FL Markham, Ontario  
33401 L3R 5R7

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: Corporate Creations Network Inc.  
 Office Address: 11380 Prosperity Farms Road, #221E  
Palm Beach Gardens, Florida 33410  
(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.*

  
Saray Djidji, Special Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>John W.S. Preston</u> <small>400 Clematis Street, Suite 201 West Palm Beach, FL 33401</small>	<u>Manager</u>	<u>Stephen S.B. Preston</u> <small>3500 Santa Jovita Drive Dallas, Texas 75225</small>
<u>Manager</u>	<u>Robert S. Green</u> <small>2851 John Street, Suite One Markham, Ontario L3R 5R7</small>		

(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)

  
 \_\_\_\_\_  
Signature of an authorized person

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.

Robert S. Green  
Typed or printed name of signer

2019 NOV 19 PM 4:15  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NADG NNN TB (SAR-FL) GP 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 NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NADG NNN TB (SAR-FL) GP LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

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

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DELAWARE SECRETARY OF STATE



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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