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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC:

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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

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Help

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

IN COMPLIANCE WITH SECTION 605,0902 FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY NADG NNN TB (CAPE-FL) GP LLC (Name of Foreign Limited Fability Company; must include "Familed Fability Company," "LLC.," or "LLC.)" (if name army abobte, enter atternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (FEI marsher, if applicable) (hursdaction under the law of which foreign limited liability company is organized) Upon qualification (Ditte first transacted business in Florida, if prior to registration.) (See sections 604 (604) & 605 (0016, F.S. to determine penalty habitity) 2851 John Street, Suite One 400 Clematis Street, Suite 201 (Street Address of Principal Office) Allahirat Address Markham, Ontario West Palm Beach, FL L3R 5R7 33401 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1 Office Address: North Palm Beach . Florida 33408 (Cav) 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 بند با and accept the obligations of my position as registered agent. Saray Djidji, Special Secretary 15.0 (रिट्यानंतरको ध्यानं ५ प्रक्रामध्यः) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity; Stephen S.B. Preston John W.S. Preston Manager Manager 400 Clamets Street, Suite 201 3501 Bare Arms Dave Tenm 75206 Yest Pem Beach FL 33401 Robert S. Green Manager 2851 John Street, Sure One Marcham Ortano L3R SR7 (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)

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

Stephen S.B. Preston Typed or prested name of signer



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NADG NNN TB (CAPE-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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NADG NNN TB (CAPE-FL) GP LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203737702

Date: 09-25-20