

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0100 00 20963**

NNN/1031 No. 9 Deerfield LLC

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APPROVED  
AND  
FILED

01 DEC -5 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name        | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Photocopies               |   |   |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30.        |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

RECEIVED  
01 DEC -5 AM 11:42  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/5/01

Order#: 4961527

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-12/05/01--01049--025

Ref#: \*\*\*\*\*160.00 \*\*\*\*\*160.00

Amount: \$ \_\_\_\_\_

*JB*  
*12-5-01*

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

NNN/1031 No. 9 Deerfield LLC

### ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3399 PGA Blvd., Suite 450, Palm Beach Gardens, FL 33410

### ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

*✓ 5103330*  
Peter D. Cummings & Associates, Inc.  
Name

3399 PGA Boulevard, Suite 450  
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410  
City, State, Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company and 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 608, F.S.*

Peter D. Cummings & Associates, Inc.

*[Signature]*  
\_\_\_\_\_  
Registered Agent's Signature

### Article IV – Management (Check box is applicable)

☐ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

*[Signature]*  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*David A. Dean*  
\_\_\_\_\_  
Typed or printed name of signee

#### FILING FEES:

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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