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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON MAR 2 6 2009

EXAMINER

COVER LETTER

TO:	O: Registration Section Division of Corporations							
SUBJE	CT: NET LEASE INVESTMENTS, LLC (Name of Limited Liability Company)							
The end	The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please 1	return all correspondence concerning this matter to the following:							
	GRANT CONNESS							
•	(Name of Person)							
•	(Firm/Company)							
	2150 NE 55th Court. (Address)							
,	FT. LAUDERDALR, FC 33308 (City/State and Zip Code)							
	(City/state and Zip Code)							
For fur	ther information concerning this matter, please call:							
6	RANT CONNESS at (954) 599-1015 (Name of Person) (Area Code & Daytime Telephone Number)							
Enclos	sed is a check for the following amount:							
(\$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee, Certificate of Status \$\bigcup Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)							
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
NET LEASE IMESTMENTS. (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
STE. 200 B BOCA RATON, FL 33432	SAME	<u>-</u>
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registern business entity with an active Florida registration.)	Office, & Registered Agent's Signatued Agent. You must designate an individual or another the state of the st	Ire: ther
The name and the Florida street address of the reg	gistered agent are:	
GRANT COLNE	<u>≅</u> \$\$	
Name	•	
1200 N. FEDERAL Florida street addre		
BOCA RATON, City, State, and	<u>FL 33432</u> d Zip	
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf accept the obligations of my position as registe	is certificate, I hereby accept the appoin I further agree to comply with the prov formance of my duties, and I am familian	ntment as visions of all r with and
Registered Agent's Signatur		SECRETARY DIVISION OF CO
		₹ Red

(CONTINUED)
Page 1 of 2

ARTICLE IV-	Manager(s	or Managing	Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manag "MGRM" = Man	•	
MERM	C. GRANT CONNESS	
	FT. LAUDERDALE FC 33432	
MGRM	PATRICICM. CONNESS	
	3020 NE 3200 AUE #718 FT. LAUDERDALE, FL 33308	
MERM	JOHN W. CONNESS	7
•	1620 W. OAKLAWO AITK BLUD. ST FT. LAUDERDALE, FL 33311	٠٤. ۵۵٥
44494		
(Use attachment i	if necessary)	
If an effective date is list	date, if other than the date of filing: (OPTIONA ted, the date must be specific and cannot be more than five business day	•
o or 90 days after the da	ite of filing.)	
<u>REQUIRED</u> SIG	GNATURE:	
	35	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	C. GRANT COUNESS	SEC
	Typed or printed name of signee	器

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)