Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

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Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

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FLORIDA LIMITED LIABILITY CO. NNN ASSOCIATES LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

NNN ASSOCIATES LLC

ARTICLE II ADDRESS

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

2950 NE 188TH STREET #217 AVENTURA, FLORIDA 33180

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ROBBIE STEGALL 6301 NW 5TH WAY, STE 5000 FORT LAUDERDALE, FLORIDA 33309

Having been named as registered agent 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, F.S.

ROBBIE STEGALL / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
NADIA NEY
2950 NE 188TH STREET #217
AVENTURA, FLORIDA 33180

SECRETARY OF STATIONS ON USION OF CORFORATIONS

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.

NADIA NEY