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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503,	FLORIDA STATUTES.	THE FOLLOWING IS SU	BMITTED TO REGI	TER A FOREION	
IN COMPLIANCE WITH SECTION WESES, LIMITED LIABILITY COMPANY TO TRANSA	CT BUSINESS IN THE S.	TATE OF FLORIDA:	PH.		(
1. TSA Woodbridge NJ, LLC				50 C	<u>خ</u>
I,		ted liability company)		750	
2. Delaware	3.	Applied for	er, if applicable)	<u> </u>	-
(Jurisdiction under the law of which forei company is organized)	gn limited liability	(PEI numo	si, ii application	A .	•
4. 09/24/2002	5.	Perpetual (Duration: Year limited	lightlity company w	ill cease to	
(Date of Organization)		exist or "perpetual")	manimy company wi	00450 10	
6. Upon Qualification	inace in Florida (See se	ctions 608.501, 608.502,	and 817.155, F.S.)		· .
		,			
7. P.O. Box 4920 Orlando,	FL 32802-4920				
450 S. Orange Avenue O	-1 and 0 FT. 3280	1-3336			
450 S. Orange Avenue 0	(Street address of	principal office)			
8. If limited liability company is a n	nanager-managed co	mpany, check here]		
9. The usual business addresses of t	ha managing memb	ers or managers are a	s follows:		
Commercial Net Lease Realty Service	s, Inc., 450 So. Orange	Avenue, Orlando, FL 328	01		5
				VIII - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11: 12:
					<u>.</u>
		·	•		
					<u></u>
10. Attached is an original certificate of exist the jurisdiction under the law of which it is or translation of the certificate under oath of the	ganized. (A photocopy i	is not acceptable. If the cer	by the official having tificate is in a foreign l	custody of records : language, a	in
11. Nature of business or purposes	to be conducted or p	promoted in Florida:	<u> </u>		
Transact business as owner	er/lessor of con	mmercial real es	tate	.	<u> </u>
JL	B. Hut				
Signature of a	a member or an auth	norized representative ., the execution of this docu y that the facts stated herein	ment constitutes		
Kevin B. Habio	ht, EVP of Sole	Member			
	Typed or printed r	name of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liabili	ty Company is:	
TSA Woodbridge NJ, LLC		
2. The name and the Florida street	address of the registered agent and office a	are:
C T Corporation System	m	
	(Name)	
c/o C T Corporation Sy	stem, 1200 South Pine Island Road	
Florida	street address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	
	City/State/Zip	

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 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.

By: LOUING COUNTY

By: BABAREA SURES

SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TSA WOODBRIDGE NJ, 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 THIRD DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Flarriet Smith Windson Secretary of State

AUTHENTICATION: 2018603

DATE: 10-03-02

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