

M0300000529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

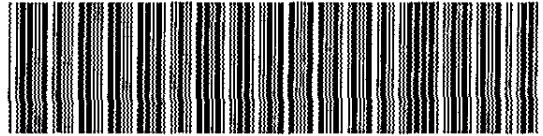
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900010116689

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 12 PM 1:30

RECEIVED
03 FEB 12 PM 11:46
STATE
SECRETARY OF
CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 1777733-4
(Sub Account)

DATE: 2/12

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () (-) ext ()

CONTACT NAME:

CORPORATION NAME: NNN Buschwood 9, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9) 2 sets please.
☒ CERTIFICATE OF STATUS (1-9) 2 CUS please.
☐ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 12 PM 1:30

195

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. NNN Buschwood 9, LLC
(Name of foreign limited liability company)

2. Delaware 3. [REDACTED]
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 9, 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. immediately upon acceptance of this Application for Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 701 East Byrd Street, 15th Floor, Richmond, Virginia 23219
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

The 1988 Kleiman Living Trust u/a 6/28/88

446 Mills Drive, Benicia, California 94510

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: real estate transaction

Suzanne E. Kleiman, Trustee
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Suzanne E. Kleiman, Trustee

Typed or printed name of signee

FILED
SECRETARY OF CORPORATIONS
03 FEB 12 PM 1:30

**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 Liability Company is:

NNN Buschwood 9, LLC

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

LexisNexis Document Solutions Inc.

(Name)

3953 W. W. Kelley Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, Florida 32311 FL

(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.

Christine C. Phares, asst. Secy.
(Signature)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 12 PM 1:30

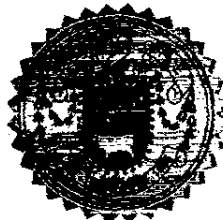
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN BUSCHWOOD 9, 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 NINTH DAY OF JANUARY, A.D. 2003.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 12 PM 1:30



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3612666 8300

AUTHENTICATION: 2195494

030016826

DATE: 01-09-03