# M03000000830

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DATE: 3/13	
REQUESTOR HAME: Lexis Document Se	crvices
ADDRESS:	
TELEPHONE: () () e:	xt ()
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CORPORATION NAME: NNN Buschwood 10,	D3 MAR 13 PI
DOCUMENT NUMBER:(if applicable)	F STATE
AUTHORIZATION: Cynthin J. Woode	jard 195.
CERTIFIED COPY (1-9) 2 Sets please  CERTIFICATE OF STATUS (1-9) 2 CUS P  PLANT STAMPED COPY	lease.
( ) Call When Ready ( ) Call if Proble ( ) Walk In ( ) Will Walt ( ) Wall Out	on ( ) After 4:31 ( ) Plok Up

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARM ITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

NNN Buschwood 10, LLC	
(Name of for	eign limited liability company)
Delaware	3. 51-1248620
(Jurisdiction under the law of which foreign limited liabi company is organized)	ility (FEI number, if applicable)
January 9, 2003	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
immediately upon acceptance of this App	
(Date first transacted business in Florida	i. (See sections 608.501, 608.502, and 817.155, F.S.)
701 East Byrd Street, 15th Floor, Richmo	ond, Virginia 23219
(Street ad	idress of principal office)
If limited liability company is a manager-mana	aged company, check here
The name and usual business addresses of the	managing members or managers are as follows:
John DeLynn Ellington	
10160 Kingman Road, Lancaster, KS 6	6041
<del></del>	
<del>-</del>	nan 90 days old, duly authenticated by the official having custody of reco A photocopy is not acceptable. If the certificate is in a foreign language, a oust be submitted.)
. Nature of business or purposes to be conduct	real estate transaction
lohn De Lunn	od of promoted in Prorted.

John DeLynn Ellington, Manager

Typed or printed name of signee

## FILED

## 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	y is:
----	-----	------	--------	---------	-----------	---------	-------

NNN Buschwood 10, LLC

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

(Name)		
3953 W. W.	Kelley Road	
Flo	orida street address (P.O. Box NOT ACCEPTABLE)	
Tallahassee,	Florida 3231/ FI	
	(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.

Offentire Officier, aut sey

\$ 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 "NNN BUSCHWOOD 10, 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.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2195502

DATE: 01-09-03

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