Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050001631183)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

ECEIVED

# FOREIGN LIMITED LIABILITY COMPANY

## NCFLA Land Manager LLC

| Certificate of Status | -        |
|-----------------------|----------|
| Certificate of Status |          |
| Certified Copy        | 11       |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |

Electronic Hiling Menus

Collibrate Eilling

Public Access Help

J. BRYAN JUL - 6 2005

 $P = \frac{1}{2}e \cdot 1 \text{ of } I$ 

H050001631183

| AP                | LICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA   |  |
|-------------------|---|--|
|                   | APLIANCE WITH SECTION 608.503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A TIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:   |  |
| 1. NO             | FLA Land Manager LLC  |  |
|                   | (Name of foreign limited liability company)   |  |
|                   |   |  |
| 2. <u>De</u>      |   |  |
| (1thi:            | diction under the law of which foreign limited (FEI number, if applicable) liability company is organized)  |  |
| 4. Jun            | s 4, 2005 5. December 31, 2064  |  |
|                   | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")  |  |
| 6. Und            | n Acceptance  |  |
| <u> </u>          | (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  |  |
|                   |   |  |
| 7. <u>c/o</u>     | o Capital Partners, Inc., One Independent Center Drive, Suite 114   |  |
| _Jacl             | sonville, Florida 32202   |  |
|                   | (Street address of principle office)  |  |
| 8. If li          | nited liability company is a manger-managed company, check here   |  |
|                   | e name and usual business addresses of the managing members or managers are as follows:<br>FLA III LLC  |  |
| c/o C             | apital Partners, Inc.   |  |
| One l             | ndependent Center Drive, Suite 114  |  |
|                   | onville, Florida 32202  |  |
| <u> </u>          | UNATURE, PROTECT SELECT   |  |
| hav<br>acc        | ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not coptable. If the certificate is in a foreign language, a translation of the certificate under oath of the anslator must be submitted.) |  |
| 11. Na<br>finance | ture of business or purposes to be conducted or promoted in Horida: Acquire, hold, operate, manage, develop, lease, sell, exchange and otherwise disposed free estate located in Florida.   |  |
|                   | Signature of a member of an antihorized representative of a member.  (in accordance with section 508.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are que.)  |  |

Russell P. Hintze
Typed or printed name of signee

JUL. 5. 2005 3:46PM

H050001631183

### CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTERED OFFICE

THE SHOP OF THE PERSON OF THE PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, 43 UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT Designate a registered office and registered agent in the state of floring.

The name of Limited Liability Company is:

NCFLA Land Manager LLC

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

\$100.00

\$ 25.00 \$ 30.00

\$ 5.00

<u> William G. Evans</u> (Name)

c/o Capital Partners, Inc., One Independent Center Drive, Suite 114 Florida street address (P.O. Box NOT ACCEPTABLE)

> Jacksonville, FL 32202 (City/State/Zip)

Howing 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 ligent as provided for in Chapter 608, F.S.

(Signature)

Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

H050001631183

# Delaware

NO. 594-P. 4----

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOFLA LAND MANAGER 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2005.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "NOFILA LAND MANAGER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2005.

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





89**91355** 8300

d50531305

Warriet Smith Thindson 1631183

Harriet Smith Windson, Secretary of State AUTHENTICATION: 3980874

DATE: 06-27-05