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Division of Corporations

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USION OF CORP

FOREIGN LIMITED LIABILITY COMPANY

NCFLA II Manager LLC

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Corporate Filings

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NCFLA II Manager LLC	
(Name of foreign lim	ited liability company)
2. Delaware	3. Applied For
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. June 4, 2005	5. December 31, 2064
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Acceptance	
	e sections 608 501, 608.502, and 817.155, F.S.)
7. o/o Capital Partners, Inc., One Independent Cent	er Drive, Suite 114
Jacksonville, Florida 32202	सार । स
(Street address o	f principle office)
8. If limited liability company is a manger-managed con	mpany, check here
 The name and usual business addresses of the manag NCFLA II LLC 	ing members or managers are as follows:
c/o Capital Partners, Inc.	
One Independent Center Drive, Suite 114	
Jacksonville, Florida 32202	
having custody of records in the jurisdiction under	more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not uage, a translation of the certificate under oath of the

Signature of a member of an authorized representative of a member. (in accordance with section 508.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated heroin are true.)

11. Nature of business or purposes to be conducted or promoted in Florida: Acquire, hold

finance, develop, lease, sell, exchange and otherwise dis

Russell P. Hintze
Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTER 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 Limited Liability Company is:

NCFLA II Manager LLC

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

William G. Evans (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)

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.

(Signature)

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



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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NCFLA II 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 HEREBY FURTHER CERTIFY THAT THE SAID "NCFLA II 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.



3991363 8300 050531326 Darriet Smith Windson. Secretary of State

ACTHENTICATION: 3980911

DATE: 06-27-05

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