

JUL 11 2005

0000003826

No. 172

P. 1 of 1

Florida Department of State
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.

((H05000167417 3)))

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

RECEIVED

05 JUL 11 AM 7:53

DIVISION OF CORPORATIONS

FOREIGN LIMITED LIABILITY COMPANY

NCFLA I LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

05 JUL 11 AM 9:59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

H05000167417 3

**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 I LLC

(Name of foreign limited liability company)

2. Delaware(Jurisdiction under the law of which foreign limited
liability company is organized)3. Applied For

(FEI number, if applicable)

4. June 24, 2005

(Date of Organization)

5. December 31, 2064(Duration: Year limited liability company will cease
to exist or "perpetual")6. Upon Acceptance

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. c/o Capital Partners, Inc., One Independent Center Drive, Suite 114Jacksonville, Florida 32202

(Street address of principle office)

8. If limited liability company is a manger-managed company, check here ☐

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

NCFLA Holdings LLCc/o Capital Partners, Inc.One Independent Center Drive, Suite 114Jacksonville, Florida 32202

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: Acquire, hold, operate, manage,
finance, develop, lease, sell, exchange and otherwise dispose of real estate located in Florida.

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.)

Russell P. Hintze

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 11 AM 9:59

H05000167417 3

H05000167417 3

**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:

NCELA I 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 11 AM 9:59

H05000167417 3

JUL 11 2005 4:10PM

GREENBERG TRAURIG

NO. 172 P. 4

H05000167417 3

Delaware

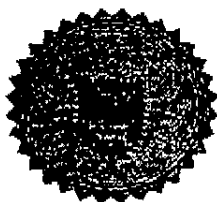
PAGE 1

The First State

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



3991351 8300

050531296

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3990860

H05000167417 3

DATE: 06-27-05