

M06000001476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

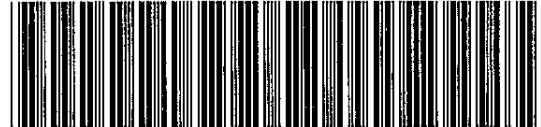
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2006 MAR 13 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 MAR 13 AM 11:15

STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Monterito Medical - NW Medical Park, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- FILED
2006 MAR 13 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- ____ Art of Inc. File _____
 - ____ LTD Partnership File _____
 - ____ Foreign Corp. File _____
 - ✓ L.C. File foreign _____
 - ____ Fictitious Name File _____
 - ____ Trade/Service Mark _____
 - ____ Merger File _____
 - ____ Art. of Amend. File _____
 - ____ RA Resignation _____
 - ____ Dissolution / Withdrawal _____
 - ____ Annual Report / Reinstatement _____
 - ✓ Cert. Copy _____
 - ____ Photo Copy _____
 - ✓ Certificate of Good Standing _____
 - ____ Certificate of Status _____
 - ____ Certificate of Fictitious Name _____
 - ____ Corp Record Search _____
 - ____ Officer Search _____
 - ____ Fictitious Search _____
 - ____ Fictitious Owner Search _____
 - ____ Vehicle Search _____
 - ____ Driving Record _____
 - ____ UCC 1 or 3 File _____
 - ____ UCC 11 Search _____
 - ____ UCC 11 Retrieval _____
 - ____ Courier _____

**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. Montecito Medical - NW Medical Park, LLC
(Name of Foreign Limited Liability Company)

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

3. _____
(FEI number, if applicable)

4. February 28, 2006
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7785 Baymeadows Way, Suite 200
Jacksonville, FL 32256
(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:

Montecito Medical MOB Portfolio I Limited Partnership

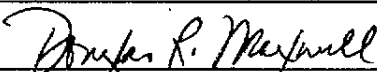
7785 Baymeadows Way, Suite 200

Jacksonville, FL 32256

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: _____

Investment in Medical Office Buildings



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.)

Douglas R. Maxwell

Typed or printed name of signee

FILED
MAR 18 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Montecito Medical - NW Medical Park, LLC

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

Douglas R. Maxwell

(Name)

10739 Deerwood Park Boulevard, Suite 200A

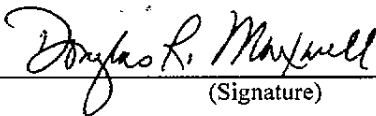
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville

FL 32256

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, Florida Statutes.



(Signature)

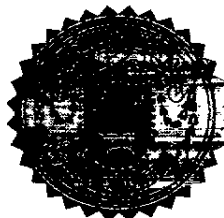
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONTECITO MEDICAL - NW MEDICAL PARK, 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 FIRST DAY OF MARCH, A.D. 2006.



4117585 8300

060199611

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4558142

DATE: 03-01-06