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CAPITAL CONNECTION, INC.

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

Montenito Medical-No Medical arts, XXC

Signature

Name

Walk-In

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	Fictitious Owner Search		
	Vehicle Search		
	Driving Record		
	UCC 1 or 3 File		
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	UCC 11 Retrieval		

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

IN COMPLIANCE WITH SECTION 608.503, FLO.	PRIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BU	20% 5
Montecito Medical - NW Medical Arts, L	
·	reign Limited Liability Company)
2. Delaware	3
(Jurisdiction under the law of which foreign lin company is organized)	
4. February 28, 2006	
(Date of Organization)	(Duration: Year limited liability company will tease to exist or "perpetual")
6	
(Date first transacted (See sections 608.501 c	business in Florida, if prior to registration.) & 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 manag	ger-managed company, check here
9. The name and usual business addresses	s of the managing members or managers are as follows:
Montecito Medical MOB Portfolio I Lim	nited Partnership
7785 Baymeadows Way, Suite 200	
Jacksonville, FL 32256	
10. Attached is an original certificate of existence, no the jurisdiction under the law of which it is organized translation of the certificate under oath of the translate	o more than 90 days old, duly authenticated by the official having custody of records in d. (A photocopy is not acceptable. If the certificate is in a foreign language, a or must be submitted.)
11. Nature of business or purposes to be o	conducted or promoted in Florida:
Investment in Medical Office Buildin	igs
Forefles L.	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with section	on 608.408(3), F.S., the execution of this document constitutes penalties of perjury that the facts stated herein are true.)
Douglas P. Mayar	

Typed or printed name of signee

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.

	of the Limited Liability Co	• •	
Montecito	Medical - NW Medica	al Arts, LLC	
2. The name	and the Florida street addr	ress of the registered agent and office are:	
	Douglas R. Maxwell		
		(Name)	
	10739 Deerwood F	Park Boulevard, Suite 200A	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	"
	Jacksonville	FL 32256	<u>-</u>
		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.

Donalas L. Maywell
(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 ARTS, 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.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4558173

DATE: 03-01-06

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