# M0600006156

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>#</i> )
PICK-UP	<b></b> WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TIL TO SECRETARSE PH 4: 02

2008 VOV - 6 - PN 12: 53



ACCOUNT NO. : 072100000032

REFERENCE :\_

\_577398

4305738

AUTHORIZATION

COST LIMIT

160.00

ORDER	DATE	:	November	3,	2006

ORDER TIME : 12:04 PM

ORDER NO. : 577398-025

CUSTOMER NO: 4305738

#### FOREIGN FILINGS

NAME: NNN DCF CAMPUS 31, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	100
1. NNN DCF Campus 31, LLC	200
(Name of Foreign Limited Liability Company)	27
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applic	vable) Or 1 0
company is organized)	<b>新学生</b>
4. November 1, 2006 (Date of Organization)  5. Perpetual (Duration: Year limited liability corexist or "perpetual")	npany will orace to
6. Upon filing of application	·
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1551 N Tustin Avenue. Suite 200	<u></u>
Santa Ana, CA 92705	t e
(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 a	s follows:
Helene Sokobin	<u></u> - —
8020 Links Way	<u> </u>
Port St. Lucie, FL 34986	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Real Estate	
Thulle Allard	<del>_</del>
Signature of a member or an authorized representative of a memb	
(In accordance with section 608.408(3), F.S., the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true.)	<b>*</b>
Priscilla Dillard	
Typed or printed name of signee	<del></del> ·

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

BOLDING POLICE PER CORP. COM LA BULLE COLOR COMPANY COLOR COMPANY COLOR COLOR

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:					
NNN DCF Campus 31, LLC	<del> </del>				
2. The name and the Florida street address of the registered agent and office are:	,				
Corporation Service Company					
(Name)					
1201 Hays Street					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Tallahassee FL 32301					
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.

Corposation Service Company

By:

(Signature)

Troy Todd
as its agent

\$ 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

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN DCF CAMPUS 31, 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 SECOND DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN DCF CAMPUS 31, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2006.

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

Warriet Smith Window Servatory of State

AUTHENTICATION: 5166523

DATE: 11-02-06

**4244719** 8300

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