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Account Number : I19990000204

Phone Fax Number : (904)399-0870

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

NBD I, LLC

\$ 400 to 100 to	
Certificate of Status	1

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Florida Dept of State



July 9, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GARTNER BROCK & SIMON

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COVER LETTER

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	on Section of Corporations			
SUBJECT: Ni	3D I, LLC (Name of Lin	nited Liability Company)		
Florida," Certific		iability Company for Authorization to submitted to register the above reference.		
Please return all	correspondence concerning this	matter to the following:		
В	ert C. Slmon		20 S1 TAL	
	(N	ame of Person)	CRE LAH	
G	artner Brock & Simo	n	TARY ASS	
	(F	irm/Company)	E.F.	Ш
<u>P</u>	ost Office Box 10697	<u> </u>	ORIGINAL I	
		(Address)	Σ''' ω	
<u>J</u>	acksonville, FL 3224			
	(Cîty/S	State and Zip Code)		
For further inform	mation concerning this matter, pl	lease cali:		
Bert C	. Simon	at (904) 399-0870		
	(Name of Person)	(Area Code & Daytime Telepi	hone Number)	
	G ADDRESS: of Corporations 6327	STREET ADDRESS: Division of Corporations Clifton Building		
Tallahass	ee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a che	cck for the following amount: Filing Fee \$130.00 Filing Fee & Certificate o		Filing Fee, Cortific of Status & Certifi	

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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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FE) number, if applicable) December 31, 2050 _{4.} July 3, 2007 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. July 3, 2007 (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 10161 Centurion Parkway North, Suite 190 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: LandMar Group, LLC, 10161 Centurion Parkway North, Suite 190, Jacksonville, Florida 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 cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Related 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 perjucy that the facts stated herein are true.)

Typed or printed name of signee

GERT C. SIMOD

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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:	
NBD I, LLC, a Delaware limited liability company	_
If name unavailable, the alternate name to be used in the state of Florida is:	
	-
2. The name and the Florida street address of the registered agent and office are:	
Bert C. Simon/Gartner, Brock & Simon ≧ 등	77
SAS (SMBA) CAS	三
1660 Prudential Drive, Suite 203	Ш
Jacksonville	Ü
PE 32201	
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.

(Signatule)

\$ 100.00 Filling Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)