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07 DEC 14 PH 1:25
SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

DB 12/14

COVER LETTER

TO:	Registration Section
	Division of Corporations

(Name of	f Limited Liability Company)	
The enclosed "Application by Foreign Limite Florida," Certificate of Existence, and check a liability company to transact business in Flori	are submitted to register the above referer	Transact Business in need foreign limited
Please return all correspondence concerning t	this matter to the following:	
Aaron Roberts		
	(Name of Person)	<u>———</u>
Sabre Compliance Services	S	
	(Firm/Company)	07
PO Box 6779		O7 DEC 14 SECRETAR
	(Address)	اساسار ۾
Orange, CA 92863 (Ci	ity/State and Zip Code)	PH 1: 25 OF STATE E, FLORIDA
For further information concerning this matte	r, please call:	•
Aaron Roberts	at (888) 444-1031	
(Name of Person)	(Area Code & Daytime Teleph	one Number)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



December 13, 2007

AARON ROBERTS SABRE COMPLIANCE SERVICES P.O. BOX 6779 ORANGE, CA 92863

SUBJECT: SELINA PLAZA TIC 6, LLC

Ref. Number: W07000060395

We have received your document for SELINA PLAZA TIC 6, LLC and your check(s) totaling \$800.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 207A00069874



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN STATE OF FLORIDA:
, Selina Plaza TIC 6, LLC	
1. (Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")
(,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , ,
consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delaware 3.	·
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. December 4, 2007	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 960 Broadway Avenue, Suite 250	
Boise, ID 83706	O7 DE SECR
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	iging members or managers are as follows: 🚃 😈
John Maltry	25 RIDA
P.O. Box 8510	
Asheville, NC 28814	
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn	nitted.)
11. Nature of business or purposes to be conducted or	promoted in Florida: Real estate investment
Robecco Hearh	<u> </u>

Typed or printed name of signee

Rebecca S. Heath

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 periury that the facts stated herein are true.)

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.

Ocilia i ia	za TIC 6, LLC		
If name una	available, the alternate name	to be used in the state of Florida is:	
2. The nam	e and the Florida street addr	ress of the registered agent and office are:	07 (
NRAI Services, Inc.		ARE RE	
		(Name)	-ASS IF
2731 Executive Park Drive, Suite 4		PA IT	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	1:25 STATE LORIDA
	Weston	FL 33331	DX C7
		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.

NRAI Services, Inc.

BY: for asistent serretary NRAI

Bani Keswani

\$ 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 "SELINA PLAZA TIC 6, 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 FIFTH DAY OF DECEMBER, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELINA PLAZA TIC 6, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

07 DEC 14 PM 1:25
SECRETARY OF STATE

4467455 8300

071283639

Warnet Smith Windson

Harrlet Smith Windsor, Secretary of State

AUTHENTICATION: 6212306

DATE: 12-05-07

You may verify this certificate online at corp.delaware.gov/authver.shtml