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**EXAMINER** 

CORPDIRECT AGE 515'EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	4
FILING COVER S ACCT. #FCA-14	SHEET		OB AR
CONTACT:	RICKY SO	<u>ro</u>	A I A
DATE:	04/14/2008		SEE P
<b>REF.</b> #:	000173.85219		
CORP. NAME:	NNN EXCH	ANGE SOUTH 13, LLC	· · · · · · · · · · · · · · · · · · ·
( ) ARTICLES OF INCO	PRPORATION	( ) ARTICLES OF AMENDMENT	, ,
( ) ANNUAL REPORT (XX) FOREIGN QUALIFI	(CATION	( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP	, ,
( ) REINSTATEMENT	ICATION	( ) MERGER	( ) LIMITED LIABILITY ( ) WITHDRAWAL
( ) CERTIFICATE OF C	ANCELLATION	( ) MERGER	( ) WITIDRAWAL
( ) OTHER:			
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(XX) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

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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 RUSINESS IN THE STATE OF FLORIDA:

1. NNN Exchange South 13, LLC (Name of Foreign Limited Liability Company; must include the company).	
(Name of Foleign Emitted Establishy Company, must meted	trimited Blabinty Company, Lab.C., or BBC. )
If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "Ll.C.")	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, 4/10/08 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5,	ida if prior to registration
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	o determine penalty liability)
7. 1551 N. Tustin Ave., Suite 200	ALL SE
Santa Ana, CA 92705	TARE TO THE PARTY OF THE PARTY
(Street Address o	f Principal Office)
B. If limited liability company is a manager-managed c	recompany, check here ging members or managers are as follows:
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Joel E. House	<u> </u>
1551 N. Tustin Ave., Suite 200	
Santa Ana, CA 92705	
O Attached in a single last first a Coult was a second than 00 da	nys okt, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy	
ranslation of the certificate under oath of the translator must be subm	itted.)
1. Nature of business or purposes to be conducted or	promoted in Florida:
Real Estate Services	
Jon E No	
	HAR S. I TTE T. TO TO THE TO T
(In accordance with section 608.408(3), F.S an affirmation under the penalties of perjur	i., the execution of this document constitutes
Joel E. House, Member	• • • • • • • • • • • • • • • • • • • •
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.

1. The name of the Limited Liability Company	is:				
NNN Exchange South 13, LLC					
If name unavailable, the alternate name to be us	ed in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are:					
NRAI Services, Inc.					
	(Name)				
2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Westin	<sub>FL</sub> 92705				
	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.

Gabriel Hughes, Assistant Secretary

(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 "NNN EXCHANGE SOUTH 13, 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 TENTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN EXCHANGE SOUTH 13, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2008.

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

4532288 8300

080416292

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

Harriet Smith Windsor, Secretary of State

namet Smith Windsor, Secretary of

AUTHENTICATION: 6516314

DATE: 04-10-08