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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NF River Chase, LLC (Name of Limit	ited Liability Company)
••	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Todd Reynolds	
(Nai	me of Person)
Cypress Administrative Ser	rvices, LLC
(Fir	m/Company)
44 South Broadway, Suite	614
	(Address)
White Plains, NY 10601	ate and Zip Code)  SECRETAR  HASS
For further information concerning this matter, plea	
Todd Reynolds	ase can:  □ 1914 390-4301 □ 1914 97
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of}\$	\$\sumsymbol{\sumsymbol{\sumsymbol{2}}}\$155.00 Filing Fee & \$\sumsymbol{\sumsymbol{2}}\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

### 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 I	NF River Chase,	LLC			
(Name of I	Foreign Limited Liability	Company)			
DELAWARE  (Jurisdiction under the law of which foreign	3.				
(Jurisdiction under the law of which foreign company is organized)	limited liability	(FE	I number, if appl	icable)	
05/06/2008	5.	PERPETUAL  Duration: Year limited liability company will cease t			
05/06/2008 (Date of Organization)	(D ex	Puration: Year limited liability company will cease to ist or "perpetual")			
(Date first transact (See sections 608.50	ed business in Florida, if 01 & 608.502 F.S. to dete	prior to regisermine penalty	tration.) v liability)		
·	Gulf Coast Facilitie	s, LLC			
44 South Broadway, Suite 614	White Plains (Street Address of Prince)	NY		0601	
If limited liability company is a man  The name and usual business addres  Gulf Coast Facilities, LLC		·		as follows: ALL/	U 80
44 South Broadway, Suite 614	White Plains, NY		10601	AHAS SI	₩-9
					PH
O. Attached is an original certificate of existence in jurisdiction under the law of which it is organisms and at the certificate under cath of the trans	ized. (A photocopy is not			I having custod	
1. Nature of business or purposes to b	e conducted or prom	oted in Flo	rida:		

Signature of a member of 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 perjury that the facts stated herein are true.)

Arl Markenson, Authorized Representative

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.

I. The name of the	Limited Liability Compar	ıy is:				
	NF Riv	er Chase, LLC		<u>,,,</u>		
2. The name and th	e Florida street address of	the registered ag	gent and office are:			
	National Corpo	orate Research, I	_td., Inc.			
		(Name)				
	515 E	ast Park Avenue		SE	80	
	Florida Street Addres	ss (P.O. Box NOT	ACCEPTABLE)	LAR	NUL 80	aliniger;
	Tallahassee	FL	32301	E LAKY HASSE	₩-9	7
		City/State/Zip		O C	2	
liability company at agent and agree to a relating to the prope	as registered agent and to the place designated in this continuous in this capacity. I further and complete performance sition as registered agent a (Signature)	certificate, I here r agree to comply se of my duties, ar	eby accept the appoin with the provisions and I am familiar with	ntment as r <b>ug</b> isiere of all statules and accept the	<u>မှ</u> ဌာ	D

\$ 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 "NF RIVER CHASE, 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 JUNE, A.D. 2008.

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080644500

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6627189

DATE: 06-02-08

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