# M10000001265

(Requestor's Name)				
_ (Addres	is)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	of Status		
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C. LEWIS

MAR 17 2010

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2010

STEVEN F. SQUIRE ESQ. 625 NE THIRD AVE. FT. LAUDERDALE, FL 33304

SUBJECT: PURE NNN INCOME FUND, LLC

Ref. Number: W10000013346

We have received your document for PURE NNN INCOME FUND, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00006586

### **COVER LETTER**

`TO:

	cration Section on of Corporations		
SUBJECT: _	Pure NNN Income Fund, LLC  Name of Limited Liability Company		
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please return al	Il correspondence concerning this matter to the following:		
	Steven F. Squire  Name of Person		
	Name of Person		
Steven F. Squire, Esq.			
Firm/Company			
	625 Northeast Third Avenue		
	Address		
	Fort Lauderdale, FL 33304		
	City/State and Zip Code		
	Steven@Stevesquire.com  E-mail address: (to be used for future annual report notification)		
Ear frombaning	•		
For luriner lillo	rmation concerning this matter, please call:		
	Steven F. Squire at ( 954 ) 832-0885		
	Name of Person Area Code & Daytime Telephone Number		
Divisi	LING ADDRESS: STREET ADDRESS: Division of Corporations		
	ration Section Registration Section Sox 6327 Clifton Building		
	assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a	a check for the following amount:		
<b>\$</b> 12	15.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A FOREIGN
PURE IMIL Theome Find 111	
(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 atte	
consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC,")	5 "Limited Liability
2. Colovado 3. 80-05065	-69
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	e)
1//R/2009	
4. (Date of Ofganization) 5. (Duration: Year lighted liability compared to the	ny will cease to
exist or "perpetual")	
6. (Date first transacted business in Florida, if prior to registration.)	····
(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1011 Walnut Suite 405	
R. 1der C. 80300	超量可
(Street Address of Principal Office)	一種ラー
8. If limited liability company is a manager-managed company, check here	TO SER OF IT
6. If intitled habitity company is a manager-managed company, eneck here	原言を
9. The name and usual business addresses of the managing members or managers are as fo	llows: 💯 👼
Lubar Proporties LLC	10 mg/m
1011 1 1 H C X 405	7
TOU WAINUT SUTE TOS	<del></del>
Bovlow, (0 80302	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official hav	ing a stocky of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore	ing costocy of receased in
translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
h / / / / / / / / / / / / / / / / / / /	
Men estate ownership	·
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 perjury that the facts stated herein are true.)	
Weil Lubar	
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.

	Pure NNN Income Fund, LLC	
If unavailable, t	he alternate to be used in the state of Florida is:	
2. The name ar	nd the Florida street address of the registered agent and office are:	
	Steven F. Squire	7. IL ZONO HAR TALLAGE
	(Name)	TEGREE TO
	625 Northeast Third Avenue	瑟 6 压
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	一点至
	Fort Lauderdalp <u>r</u> FL 33304	LONIE SE
	City/State/Zip	77
liability company agent and agree relating to the p	med as registered agent and to accept service of process for the above y at the place designated in this certificate, I hereby accept the appoin to act in this capacity. I further agree to comply with the provisions of roper and complete performance of my duties, and I am familiar with a y position as registered agent as provided for in Chapter 608, Florida	tment as registered of all statutes and accept the

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

#### PURE NNN Income Fund LLC

is a Limited Liability Company formed or registered on 11/19/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091608519.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/15/2010 that have been posted, and by documents delivered to this office electronically through 03/18/2010 @ 10:16:47.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/18/2010 @ 10:16:47 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7603089.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately velid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/bis/CertificateSearchCritario.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, viett our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions.