H11000001464

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
MAR 2 2 2011				

Office Use Only

EXAMINER



200198108762

03/18/11--01027--017 **125.00

11 MAR | 8 AM | 1:35 SECRETARY OF STATE IALLAHASSFE, FIORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NW-Coral Cove, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Jaimie Paul Name of Person
McDonald Hopkins, LLC
Firm/Company
505 S. Flagler Drive, #300 Address
West Palm Beach, Florida 33401
City/State and Zip Code
jpaul@mcdonaldhopkins.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaimie Paul at (561) 472-2121 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00 \text{ Filing Fee}} \sum_{130.00 \text{ Filing Fee}} \& \sum_{155.00 \text{ Filing Fee}} \& \sum_{155.00 \text{ Filing Fee}} \& \sum_{155.00 \text{ Filing Fee}} \& \sum_{1560.00 \text{ Filing Fee}} \& \cap \text{ Certificate of Status} \\ \end{certified Copy}\$

COVER LETTER

	_	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Florida," Ce above referenced foreign limited liability company to transact business	
Please return a	l correspondence concerning this	matter to the following:	
	Jaimie Paul		
		Name of Person	
	McDonald Hopkins, LLC	>	
		Firm/Company	
	505 S. Flagler Drive, #	‡ 300	
		Address	
	West Palm Beach, Flor	ida 33401	
		City/State and Zip Code	
	jpaul@mcdonaldhop	okins.com	
	E-mail address	: (to be used for future annual report notification)	
For further info	ormation concerning this matter, pl	lease call:	
Jaim	nie Paul	_{at (} 561) 472-2121	
	Name of Person	Area Code & Daytime Telephone Number	
Divisi Regist	ING ADDRESS: on of Corporations ration Section	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
Tallah	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
MAII Divisi Regist P.O. E Tallah	Name of Person ING ADDRESS: on of Corporations ration Section ox 6327	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ount: Fee & \$\Bigsim \$155.00 \text{ Filing Fee & }\Bigsim \$160.00 \text{ Filing Fee, Certificate}	

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:

1. NW-Coral Cove, LLC (Name of Foreign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	pose of transacting business in Florida and attach a copy of the lternate name. The alternate name must include "Limited Liab	 e written pility
2. Ohio	3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. December 15, 2010	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	,
6. February 23, 2011	•	
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Florida, if prior to registration.) .S. to determine penalty liability)	_
7. 25 N. Belcher Road, Clearwater, Florida	a 33765	
	Ħ.	
(Street Address	ess of Principal Office)	
(Sileet Addles	₹ ₩ ₩	77
8. If limited liability company is a manager-manage	ed company, check here 🗸 💮 📆 🙃	
9. The name and usual business addresses of the ma	······································	
NW-REI, LLC, c/o Nationwide Life Insuran	nce Company, One Nationwide	–
1-01-701, Columbus, OH 43215, Attn:	Real Estate Investments	
		_
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be su	opy is not acceptable. If the certificate is in a foreign language, a	
11. Nature of business or purposes to be conducted	or promoted in Florida: any lawful purpose	_
	<i></i>	<u>_</u> ·
(Aller H Enter)		
Signature of a member or an a	authorized representative of a member.	
	xecution of this document constitutes an affirmation under the true I am aware that any false information submitted in a	

Howard K. Coates, Esquire

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

2 The name of	nd the Florida street address of	the registered s	cent and office are:	
2. The name at	id the Florida street address of	the registered a	gent and office are.	
	Howard K. Coates, Esquir	e		
		(Name)		
	505 S. Flagler Drive, #3	800		
	Florida Street Addres	ss (P.O. Box NOT	ACCEPTABLE)	
	West Palm Beach	FL	33401	
		City/State/Zip		
liability compar agent and agree relating to the p	med as registered agent and to a sy at the place designated in this to act in this capacity. I further roper and complete performanc y position as registered agent as	certificate, I he ragree to comp e of my duties, c	reby accept the appointmently with the provisions of all . and I am familiar with and a	t as registere statutes sccept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show N W-CORAL COVE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1983088, was organized within the State of Ohio on December 15, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of March, A.D. 2011

Ohio Secretary of State

Validation Number: V201173M22637