Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company NADG Paims Plaza GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

A. LUNT

EXAMIN

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: NADG PALMS PLAZ	A GP LLC	
<u> </u>	Name of Limited Linbility Company	
	inbility Company for Authorization to Transact Business in I	
Please return all correspondence concerning this	matter to the following:	
Sharon K. Gray		- F <sub>2</sub> , 2
	Nume of Person	Få =
Triad Professional Servi	ices, LLC	2011 APR 21
	Firm/Company	21 VRY SSE
1720 Windward Conce	ourse, Ste. 390	
	Address	<u>~</u>
Alpharetta, GA 30005		
	City/State and Zip Code	<del></del>
jbaden@triadpros.co	nm	
E-mail address:	(to be used for future annual report notification)	to an indicate the second seco
For further information concerning this matter, pl	cuse call;	
Sharon K. Gray	at (770 ) 777-2091	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount of \$125.00 Filing Fee \$130.00 Filing Certificate of \$	Fee & - \$155,00 Filing Fee & - \$160,00 Filing Fee, C	

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P 3/5

## 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 RECLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ISTER A FOF	WCN
1. NADG Palms Plaza GP LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	ULC.")	•
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Li Company," "L.L.C." "L.L.C.")	copy of the w mited Liabilit	ritten Y
2. Delaware 3. 33-1220127		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	Ž	7011
4. 02/16/2011 5. Perpetual		
(Date of Organization) (Duration: Year limited liability company we exist or "perpetual")	25	APR 2
6. Upon qualification	M.⊀	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	1. C.	
7. 2851 John Street, Suite One	25	Ģ
Markham, Ontario L3R 5R7	\$4	<b>6</b> 0
(Street Address of Principal Office)		
8. If limited liability company is a manager-managed company, check here 🗸		
9. The name and usual business addresses of the managing members or managers are as follow	v\$:	
John W.S. Preston - 400 Clematis Street, Ste. 201, Palm Beach, FL 33401		
Robert S. Green - 2851 John Street, Ste. One, Markham, Ontario L3R 5F	₹7	
Jeffrey W. Preston - 400 Clematis Street, Ste. 201, Palm Beach, FL 3	33401	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under eath of the translator must be submitted.)		ds In
11. Nature of business or purposes to be conducted or promoted in Florida: Real estate.		
		•
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	
ponalties of perjury that the facts stated herein are true. I am aware that any false information submitte document to the Department of State constitutes a third degree felony as provided for in s.817.15	dina 5 F.S.)	
Robert S. Green		
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	e of the Limited Liability Compa	ny is:	
NADG F	Palms Plaza GP LLC		
Ifunavailab	le, the alternate to be used in the	state of Florida is:	2011 AP Secre Tallah
2. The name	e and the Florida street address of	f the registered agent and office are:	APR 21 A
	NRAI Services, Inc.		FES A
	White the state of the second state of the sec	(Name)	- 07A1
	515 East Park Avenue		
	Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)	-
	Tallahassee	FL 32301	_
		City/State/Zip	_
llability com agent and ag relating to th	pany at the place designated in thi. tree to act in this capacity. I furthe e proper and camplete performan	accept service of process for the above six certificate. I hereby accept the appointer agree to comply with the provisions of ce of my duties, and I am familiar with a ps provided for in Chapter 608, Florida succession.	ment as registered fall statutes nd accept the
	\$ 100.00	Filing Fee for Application	

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NADG PALMS PLAZA GP 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 TWENTY-FIRST DAY OF APRIL, A.D. 2011.

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 "NADG PALMS PLAZA GP LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2011.

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110442549

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jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8710585

TATE: 04-21-11

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