M/1000004497

(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:				



100211466171

TO ACKAUNITEDEE

MECHIFICATION

2811 SEP -8 MI 10: 43

SECRETARY OF STATE OF CORPORATIONS
11 SEP -8 PM 12: 53

B. KOHR
SEP - 8 2011
EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

904678

7638559

AUTHORIZATION

COST LIMIT : \$ 155.

ORDER DATE: September 7, 2011

ORDER TIME : 8:56 AM

ORDER NO. : 904678-005

CUSTOMER NO: 7638559

FOREIGN FILINGS

NAME: TNP SRT OSCEOLA VILLAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

DINISON OF CORPORATIONS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: TNP SRT Osceola Village, 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:

Bhriza Camacho	
	Name of Person
Thompson National Pro	operties, LLC
	Firm/Company
1900 Main St, Ste 70	0
	Address
Irvine, CA 92614	
	City/State and Zip Code
bc@tnpre.com E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
Bhriza Camacho	at (949) 833-8252
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 am \$125.00 Filing Fee \$130.00 Filing Certificate of \$125.00 Filing	Fee & [7]\$155.00 Filing Fee,& [\$160.00 Filing Fee, Certifica

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:

LIVILLED LANGET CONT. ANT TO INVINCE DOCUMENTS IN THE STATE OF TEORIEST.					
1. TNP SRT Osceola Village, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")					
(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 attach a copy of the write					
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability					
Company," "L.L.C," "LLC.")					
2. Delaware 3.					
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)					
company is organized)					
4. 09/01/2011 5. Perpetual					
(Date of Organization) (Duration: Year limited liability company will cease to					
(Date of Organization) 5. Perpetual (Duration: Year limited liability company 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.} 1900 Main Street, Suite 700					
·					
Irvine, CA 92614					
(Street Address of Principal Office)					
0. 401					
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 follows:					
7. The name and usual business addresses of the managing members of managers are as forlows.					
TNP Strategic Retail Operating Partnership, L.P.					
1900 Main Street, Suite 700					
L OA 00044					
Irvine, CA 92614					
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records					
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a					
translation of the certificate under eath of the translator must be submitted.)					
11. Nature of business or purposes to be conducted or promoted in Florida: OWN and manage					
real property					
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. I am aware that any false information submitted in a					
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)					
Jack R. Maurer					
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			
TNP SRT	Osceola Village, L	LC		
If unavailable, the	he alternate to be used in the state	of Florida is:		
2. The name an	d the Florida street address of the	registered agent and offic	c are:	
Corporation Service Company				
(Name)				
1201 Hays Street				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee,	32301 FL		
	Cí	y/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.

Troy Todd as its agent

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TNP SRT OSCEOLA VILLAGE, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TNP SRT OSCEOLA VILLAGE, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2011.

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

5032826 8300

110985973

UTHENTY CATION: 9014147

DATE: 09-07-11

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