Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

EXAMINER

Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

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 STONEHENGE FLORIDA NMTC INVESTMENT SUB-FUND IIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

SUBJECT: S	tonehenge Florida NMTC Investm	ent Sub-Fund IIA, LLC			
Name of Limited Liability Company					
The enclosed ". Existence, and	Application by Foreign Limited L check are submitted to register the	iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.			
Please return al	l) correspondence concerning this	matter to the following:			
	John P. Witten				
		Name of Person			
	Stonehenge Capital Company, L				
		Flrm/Company			
191 W. Nationwide Blvd., Suite 600					
		Address			
	Columbus, OH 43215				
		City/State and Zip Code			
	mcestepp@stonehengecapital.co	m			
	E-mail address:	(to be used for future annual report notification)			
For further info	rmation concerning this matter, pl	ease call:			
Michel	е Евгерр	at (514) 246-2456			
	Name of Person	Area Code & Daytime Telephone Number			
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301			
	check for the following amo 0 Filing Fee \$\int\\$130.00 Filing I Certificate of St	Fee & [15155.00 Filing Fee & [15160.00 Filing Fee, Cartificate			

11 NOV 17 PH 12: 24
SECRETARY OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	APANYTO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
I. Stonehenge Florida I (Name of Foreign	NMTC Investment Sub-Fund IIA, LLC Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, en consent of the managers Company," "L.L.C," "L	or managing members adopting the alte-	se of transacting business in Florida and attach a copy of the writte rnate name. The alternate name must include "Limited Liability
2. Delaware	2	45-3628499
(Jurisdiction under the company is organized	law of which foreign limited liability	(FEI number, if applicable)
4. 10/17/11	5	Perpetual
(Date o	of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing		
	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 191 W. Nationwide	Blvd., Suite 600, Columbus, OH 43215	
·		
	(Street Address	of Principal Office)
8. If limited liability	company is a manager-managed	company, check here 🔀
9. The name and usi	al business addresses of the mana	ging members or managers are as follows:
Stonehenge Commun	nity Development, LLC	
191 W. N.	ationwide Blyd., Su	ite 600
Columbus	0H 43215	
	•	ays old, duly authenticated by the official having custody of records in
the jurisdiction under the l	aw of which it is organized. (A photocopy	is not acceptable. If the certificate is in a foreign language, a
	e under oath of the translator must be subtr	·
11. Nature of busine	ss or purposes to be conducted or	promoted in Florida: Investment
	- CD 00	
	() Live	
	Signature of a member or an aut	horized representative of a member.
penalties	of perjury that the facts stated herein are tru-	ation of this document constitutes an affirmation under the e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
	John P. Witten	
	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.

If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	
City/Sate/Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all st relating to the proper and complete performance of my duties, and I am familiar with and ac obligations of my position as registered agent as provided for in Chapter 608, Florida Statut CT Corporation System By: Connie Bryan (Signature) HSSISTANT Secret	as registered tatules cept the es.
\$ 100.00 Filing Fee for Application	
S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional)	
\$ 5.00 Certificate of Status (optional)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STONEHENGE FLORIDA NMTC INVESTMENT SUB-FUND IIA, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2011.

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

DATE: 11-16-11