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#### Foreign Limited Liability Company NFC NCA Partners, LLC

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T. CLINE

OCT 25 2012

EXAMINER

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## 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.	NFC NCA Partners, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")	,	
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attachment of the managers or managing members adopting the alternate name. The alternate name must include "ompany," "L.L.C.," "LLC.")	a copy of	of the wi	ritter ,
	Delaware 3 46-1095735 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)			
4.	7/10/2012  5. (Duration: Year limited liability company exist or "perpetual")	will ceas	se to	
6.	(Date first transacted business in Florida, if prior to registration.)	13. CO	13	
7	(See sections 608.501 & 608.502 F.S. to determine penalty liability)  NFC NCA Partners, LLC 11101 S Crown Way Suite 5, Wellington, Florida 33414	SVHV	87.2	vz
•		250 140		a sa
8.	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here	E ANIE	& &	ž
9	The name and usual business addresses of the managing members or managers are as follows:	ows:	. <b></b>	
	National Financial Companies, LLC, 11101 South Crown Way Suite 5, Wellington, Florida 33414		<del></del>	
tin	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign instation of the certificate under oath of the translator must be submitted.)			dsin
11	Nature of business or purposes to be conducted or promoted in Florida:			
	All lawful business		<del></del> -	
	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.)			
	Gary Shapiro, Member of National Financial Companies, LLC			

Fox Oudut # 4120002566733

Typed or printed name of signee

P.004

## 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.

f name unavaitable, the alternate name to be used in-the state of Florida is:							
. The name	e and the Florida street add	dress of the registered agent and office are:	SECRETALIANA				
	Colleen Stacy Shapiro						
		(Name)	SET OF A				
	1110! South Crown Way	y Suite 5	— 188 <b>&amp;</b>				
	Florida Street	ct Address (P.O. Box NOT ACCEPTABLE)	ATE AND A				
	Wellington	FL 33414					
		City/State/Zip	<del></del>				
		t and to accept service of process for the abov	e stated limited				
tability com igent and as elating to th	pany at the place designated gree to act in this capacity. he proper and complete perf	ed in this certificate, I hereby accept the appoi I further agree to comply with the provisions formance of my duties, and I am familiar with agent as provided for in Chapter 608, Floria	intment as registered of all statutes aand accept the				
liability com agent and ag relating to th	pany at the place designated gree to act in this capacity. The proper and complete perform position as registered of my position as registered (Signature)	ed in this certificate, I hereby accept the appo I further agree to comply with the provisions formance of my duties, and I am familiar with agent as provided for in Chapter 608, Floria	intment as registered of all statutes a and accept the				
tability com igent and as elating to th	pany at the place designated gree to act in this capacity. The proper and complete perform my position as registered (Signature)	d in this certificate, I hereby accept the appo I further agree to comply with the provisions formance of my duties, and I am familiar with	intment as registered of all statutes aand accept the				

Fox audit \$41200025666733

\$ 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 "NFC NCA FARTNERS, 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 SECOND DAY OF OCTOBER, A.D. 2012.

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

2812 GCT 24 AH 80 28
SECRETARY OF STATE

5181575 8300

121092682

You may verify this certificate online at cosp. delaware.gov/authver.shimi

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9889203

DATE: 10-02-12