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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

\*\*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 NH REGENCY RESIDENCE LLC

Certificate of Status	0
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NOV 25 2013

T CLINE

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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 BE ISSUESS. IN THE STATE OF FLORIDA:

100	f name unavailable, enter alternate name adopted for the purpose of transacting busine insent of the managers or managing members adopting the afternate name. The afternation pany," "L.L.C," "LLC.")	ss in Piorida and attach a copy to name must include "Limited	of the write Linbility
Ž.	(Jurisdiction under the law of which foreign limited liability (FEI n	umber, if applicable)	
	company is organized)  November 1, 2013 perpetual		
4.	3	miled liability company will co	ase to
6.	(Date first transacted business in Florida, if prior to registra	nion.)	·
_	(See sections 608.50) & 608.502 P.S. to determine penalty if 5885 Meadows Road, Suite 500, Lake Oswego, OR 97035	intuitity)	60
7.			3
	(Street Address of Principal Office)	·	N
8.	If limited liability company is a manager-managed company, check he	ore 🗆	2
9.	The name and usual business addresses of the managing members or r	nanagers are as follows:	්රී ක්ෂ
	NCT Master Tenant I LLC, Solo Member, 6711 Embassy Boulevard, Port Richey,	FL 34668	င်း
the tran	d. Attached is an original certificate of existence, no more than 90 days old, duly authentic bjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the aslation of the certificate under outh of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florice To own property	he certificate is in a foreign lar	guage, a
,	North papers		,
	Signature of a member or an authorized representa		
	(In accordance with section 602.408(3), F.S., the execution of this document of penalties of perjury that the facts stated herein are true. I am aware that any idequates to the Department of State constitutes a third degree felony a Scott Shanaberger, Authorized Person	false information submitted in	a

Typed or printed name of signee

1. The name of the Limited Liability Company is:

## 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:							
	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	등등 역 등등 역						
City/State/Zip							
Having been named as registered agent and to accept service of process for the about about the place designated in this certificate. I hereby accept the apparegistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter Statutes.	ointment as e provisions of all niliar with and						
C T Corporation System							
By: Conice Buy - COMIC (Signature)	reger.						
By: Conic Buy — COnnic 151 (Signature) (SSISION Son							
S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional) S 5.00 Certificate of Status (optional)							

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NH REGENCY RESIDENCE 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-SECOND DAY OF NOVEMBER, A.D. 2013.

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

2013 HOV 22 AH & 31

5425682 8300

131342274

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

Joffrey W. Bullock, Secretary of State

THENTY CATION: 0920910

DATE: 11-22-13