Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			美西兰
	Division of Co	rporations	\SS \\ \C
	Fax Number	: (850)617-6383	~~~~ ~~
From:			
	Account Name	: TRIAD PROFESSIONAL SERVICES	,正fic 😁
	Account Number	: 120020000094	20≧
	Phone	: (770)777-2091	
	Fax Number	: (770)220-1943	J>

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

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SECRETARY OF STATE

Foreign Limited Liability Company NADG U.S. CORE PLUS ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

NADG U.S. CORE PLUS ACQUISITIONS, 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:

Sharon K. Gray
Name of Person
Triad Professional Services, LLC
Firm/Company
1720 Windward Concourse, Ste. 390
Address
Alpharetta, GA 30005
City/State and Zip Code
jbaden@triadpros.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray

Name of Contact Person

Area Code

Area Code

Daytime Telephone Number

MAJLING 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
Tallshassec, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

May 20 2014 10:28 Triad 7702201943

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850-617-6381

5/19/2014 9:56:32 AM PAGE 1/001 Fax Server



May 19, 2014

FLORIDA DEPARTMENT OF STATE

TRAID PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: NADGU U.S. CORE PLUS ACQUISITIONS, LLC

REF: W14000031428

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II FAX Aud. #: 814000116997 Letter Number: 314A00010704

RECEIVED

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF	FLORIDA:	
1. NADG U.S. CORE PLUS ACQUISITIONS, LLC [Name of Foreign Limited Liability Company," "I	T C How set I for in	
(Name of Foreign Limited Lisbinity Company, must include Limited Lisbinity Company,	Ab.C., Ul 1110.)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The a Liability Company," "L.L.C," or "LLC.")	lternate name must include "Limite	ᅿ
_{2.} Delaware 3, 99-0380497		
	, if applicable)	
4. Upon qualification		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
400 Clematis Street, Suite 201	For =	
West Palm Beach, FL 33401		
(Street Address of Principal Office)		and in the state of the state o
5. 2851 John Street, Suite One	SS 0 1	i swed
Markham, Ontario L3R 5R7		ench F
(Mailing Address)	TAT	MICH SPA
7. The name, title or capacity and address of the person(s) who has/have authority	ty to manage is/are:	
Robert S. Green (1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2851 John Street, Suite One		
Markham, Ontario L3R 5R7		
Attached is an original certificate of existence, no more than 90 days old, duly naving custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificat must be submitted) Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document contitutes an affirmation under the possition may be accordance with section 605.0203, F.S., the execution of this document contitutes an affirmation under the possition may be accordance with section 605.0203, F.S., the execution of this document contitutes at affirmation under the possition.	ed. (A photocopy is not cunder oath of the translate under oath of the translate of porjury that the facts stated herein as	tor
Robert S. Green /) Propries		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

NADG U.S. CORE PLUS ACQUISITIONS, LLC

If unavailable, the alternate to be used in the state of Florida is:

. The name	and the Florida street add	dress of the registered agent and office are:	SECR	14	
	NRAI Services, Inc.			E.	LTT
		(Name)	388 8 4881	20	50
	1200 South Pine Island Road		Light.	P¥	green H
Florida Street Address (P.O. Box NOT ACCEPTABLE)			\$7A 402	\$1. 51.	Sept.
	Plantation	_{FL} 33324	TATE ORIDA	ক্র	

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NADG U.S. CORE PLUS ACQUISITIONS, 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 MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NADG U.S.

CORE PLUS ACQUISITIONS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY

OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

14 MAY 20 PM L: 15
SECRETARY OF STATE
AND A MASSEE, FLORIDA

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You may varify this certificate onlise

AUTHENTY CATION: 1378016

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DATE: 05-16-14

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