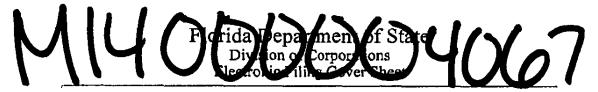
Division of Corporations

Page 1 of 1



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(((H14000135186 3)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

\*RE-SUBMIT\*

From:

Account Name

C T CORPORATION SPETEM OF CONTOURS OF THE PROPERTY OF THE PROP

Account Number : FCA000000023 : (850)222-1092

: (850)878-5368

date of submission 6/10

\*\*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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Foreign Limited Liability Company NF II Miami South Op Co, LLC

Certificate of Status	0
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J. HARRIS Help

6/10/2014

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6/11/2014 8:52:09 AM PAGE 1/001 Fax



June 11, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: NF II MIAMI SOUTH OP CO, LLC

REF: W14000036092

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).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II FAX Aud. #: B14000135186 Letter Number: 514A00012553

RECEIVED
14 JUN 11 PH 4: 19
SECRETARY OF STATE
MALLAHASSEE, FLORIDA

\*RE-SUBMIT\*
Planse relain original filing
date of submission 6/10

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

(Name of Foreign Limited Liabili	ity Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adop Liability Company," "LLC," or "LLC.")	oted for the purpose of transacting business in Placida. The alternate name must include "I	imited
<sub>2.</sub> Delaware	3. Applied for	
(Jurisdiction under the law of which foreign l company is organized)	limited liability (Pill number, if applicable)	-
4. Not applicable		
(Deta first (See escions	t transacted business in Florida, if prior to registration.) s 605.0904 & 605.0905, F.S. to determine penalty liability)	, .
5. 3424 Peachtree Road	d NE, Suite 2000	_ [: 4
Atlanta, GA 30326		_ \{ \}
0404 D	(Street Address of Principal Office)	_ 0
6. 3424 Peachtree Road	NE, Suite 2000	_ =====================================
Atlanta, GA 30326		::
	(Molling Address)	_ ပၢ သ
7. The name, title or capacity and ac	ddress of the person(s) who has/have authority to manage is/are:	
NF II TRS Op Co, Inc.	(Manager)	_
3424 Peachtree Road N	IE, Suite 2000	_
Atlanta, GA 30326		_
having custody of records in the jurisc	of existence, no more than 90 days old, duly authenticated by the off diction under the law of which it is organized. (A photocopy is not reign language, a translation of the certificate under oath of the trans	
	Chall	
in accordance with section 604 0203 FR. the execution	Signature of an authorized person on of this document constitutes an affirmation under the penalties of perjury that the facia stated here	in are into. I

James E. Conley, Jr., Vice President of Manager

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:  NF II Miami South Op Co, LLC	
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:	
CT Corporation System (Name)	

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

<sub>FL</sub> 33324 Plantation City/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 605, Florida Statutes.

> (Signature) Nathan S. Giffin Asst. Secretary

> > \$ 100,00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

## Delaware

DAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NF II MIAMI SOUTH OP CO, 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 NINTH DAY OF JUNE, A.D. 2014.

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

5547144 8300

140813697

You may vorify this certificate online

jeffrey W. Bullock, Secretary of State

DATE: 06-09-14