Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCAC00000023

Fax Number

: (850)222-1092 : (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. **

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Foreign Limited Liability Company NF II/CI Tampa Downtown, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

NOV 1 0 2014

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: NF II/CI Tampa Downtown, LLC	
	ame of Limited Limbility Company
The enclosed "Application by Fureign Limited Lit Existence, and 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 all correspondence concerning this m	nator to the following:
Kathryn J. Dady	
	Name of Person
Morris Manuing & Martin LLP	
	Firm/Company
3343 Peachtree Road NE, Suite	1600 <u>F</u>
	Address
Atlanta, GA 30326	ing _ I
	City/State and Zip Code
kdady@mmmlaw.com	25
	us: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Name of Contact Person	at (
	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Talinhassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of	ng Fee & S155.00 Fiting Fee & S160.00 Filing Fee, Certificate

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:

NF IVCI Tempa Downtown, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting basiness in Florida. The alternate name must include "Limbility Company," "LL.C," or "LLC.")	ited
2. Delaware 3, Applied for	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Upon registration	
(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 3424 Peachtree Road NE, Suite 2000	
Atlanta, GA 30326	7
Atlanta, GA 30326 CSirect Address of Principal Office)	5 m
5, 3424 Peachtree Road NE, Suite 2000	-<
Atlanta, GA 30326	-1
Atlanta, GA 30326 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Ë
$\sim 10^{-10}$	25
NFII - M Portfolio Holdings REIT, LLC, Manager	
3424 Peachtree Road NE, Suite 2000	
Atlanta, GA 30326	
. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ecceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatust be submitted)	
Signature of an authorized person a eccordance with section 605,0203, F.S., the execusion of this document constitutes an affirmation under the penalties of perjury that the facts stated herein a water that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a \$17,155, F.S.)	aro true. 1
James E. Conley, Jr., Authorized Person	
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.

If unavailable	the alternate to be used	I in the state of Florida is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	TALLAN
	C T Corporation System		
	(Name)		S 1 E
	1200 South Pine Island R		
	Florida Str	eel Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	<u>*</u> ,t *
		City/State/Zip	

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida C T Corporation System (Signature) Nathan S. Giffin Asst. Secretary

statutes relating to the proper and complete performance of my duties, and I am familiar with and

Filing Fee for Application \$ 100.00 Designation of Registered Agent S 25.00 Certified Copy (optional) \$ 30.00 Certificate of Status (optional)

Statutes.

Delaware

PACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NF II/CI TAMPA DOWNTOWN, 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 SIXTH DAY OF NOVEMBER, A.D. 2014.

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

FILED

14 NOV -7 PN 4: 27

SECRETARY OF STATE
FAIT ANASSEE, FLORED.

5630089 8300

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You may varify this cartificate onlin at corp. deleware.gov/authwer.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 11-06-14