

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company NF II/CI Fort Myers Airport Op Co, LLC

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COVER LETTER

-	istration Section sion of Corporations		
SUBJECT:	NF II/Cl Fort Myers Airport Op Co, LLC		
SUDJECT:	Name of Limited Liability Company	-	
The enclosed Existence, and	"Application by Foreign Limited Linhility Company for Authorization to Transact Business in Florida, detect are submitted to register the above referenced foreign limited liability company to transact business."	," Certifica iness in Pl	ne of orida
Please return i	all correspondence concerning this matter to the following:		
	Kathryn J. Dady	77; 17:1.,	221
	Name of Person	≱∂.	PANNOW-7
	Morris Manning & Martin I.I.P		1
	Firm/Company		3
	3343 Peachtree Road NE, Suite 1600	5.	
	Address		8:40
	Atlanta, GA 30326		
	City/State and Zip Code		
	kdady@mmmlaw.com ;	_	
	E-inail address: (to be used for future annual report notification)		
For further info	ormation concerning this matter, please call:		
	Name of Contact Person Area Code Daytime Telephone Number	•	
	•		
	LING ADDRESS: STREET ADDRESS: ion of Corporations Division of Corporations		
	tration Section Registration Section		
	Box 6327 Clifton Building		
Tallut	nassee, FL 32314 2661 Executive Center Circle Tallahassee, Fl. 32301		
	a check for the following amount: 25.00 Filing Fee		

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC."	
I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must ability Company," "LLC," or "LLC.")	<u> </u>
Delawere 3 Applied for	752
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	ří.
Upon registration	-17
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
3424 Peachtree Road NE, Suita 2000	
Atlanta, QA 30326	
(Street Address of Principal Office)	-
3424 Peachtree Road NE, Suite 2000	
Atlants (7A 30326	
Atlanta, QA 30326 (Mailing Address)	
(Mailing Address)	
(Mailing Address)	s/are:
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage i	s/are:
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage if it - M Pontfolio TRS Op Co, Inc., Manager	s/are:
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage if it - M Pontfolio TRS Op Co, Inc., Manager	s/are:
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage if 11 - M Pontfolio TRS Op Co, Inc., Manager 124 Peachtree Road NE, Suite 2000	s/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage i	by the office
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage if it is M Portfolio TRS Op Co, Inc., Manager 424 Peachtree Road NE, Suite 2000 tlanta, GA 30326 Attached is an original certificate of existence, no more than 90 days old, duly authenticated aving custody of records in the jurisdiction under the law of which it is organized. (A photocoleceptable. If the certificate is in a foreign language, a translation of the certificate under oath o	by the offic
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage if it is M Portfolio TRS Op Co, Inc., Manager 424 Peachtree Road NE, Suite 2000 tlanta, GA 30326 Attached is an original certificate of existence, no more than 90 days old, duly authenticated aving custody of records in the jurisdiction under the law of which it is organized. (A photocoleceptable. If the certificate is in a foreign language, a translation of the certificate under oath o	by the office by is not fithe transle
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage it is in a M Portfolio TRS Op Co, Inc., Manager 424 Peachtree Road NE, Suite 2000 11anta, GA 30326 Attached is an original certificate of existence, no more than 90 days old, duly authenticated aving custody of records in the jurisdiction under the law of which it is organized. (A photocoleceptable. If the certificate is in a foreign language, a translation of the certificate under oath of ust be submitted) Signature of an authorized person Signature of an authorized person	by the office by is not f the transl

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

STATULES.		IDA 🚌 📑
	THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE	
	G STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGIS	STERED.
AGENT IN I	THE STATE OF FLORIDA.	- 弄!!!!
		55% -
1. The name	of the Limited Liability Company is:	Major :
NP IVCI Fort M	dyers Airport Op Co, LLC	Transition of the second of th
If annuallable	e, the alternate to be used in the state of Florida is:	
11 Ullavaliaule	s, the attenuate to be used in the state of Fronda is:	# 147 No.
2. The name:	and the Florida street address of the registered agent and office are:	
2. The name	and the Florida street address of the registered agent and office are:	
2. The name	and the Florida street address of the registered agent and office are:	
2. The name		
2. The name:	C T Corporation System	
2. The name:	C T Corporation System (Name)	
2. The name:	C T Corporation System (Name) 1200 South Pine Island Road	

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.

By: C'T Corporation System (Signature) Nathan S. Giffin Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

28/27

The First State

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

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

5630098 8300

141380153

You may verify this cortificate unline at cosp.delaware.gov/authver.ahtml jeffrey W. Stulinck, Secretary of State

DATE: 11-06-14