Division of Corporations

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(((H140002601693)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Phone 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 NF II/CI Pensacola, LLC

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

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Corporate Filing Menu

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COVER LETTER

	tion Section of Corporations		
SUBJECT: NF	I/CI Pensacola, LLC		
	Nem	e of Limited Liability Company	
Existence, and che	dication by Foreign Limited Liab ck are submitted to register the ab rrespondence concerning this ma	pove referenced foreign limited h	to Transact Business in Florida," Certificate of iability company to transact business in Florida
	athryn J. Dady		
		Name of Person	
M	Corris Manning & Martin LLP		
		Firm/Company	
33	343 Peachtree Road NE, Suite 16		
		Address	
<u> </u>	tlants, GA 30326		
		City/State and Zip Code	
kdı	ndy@mmminw.com		
	E-mail address: (to be used for future minual report i	imilication)
For further informat	ion concerning this matter, please	e call:	
	Name of Contact Person	at ()	Daytime Telephone Number
			Day and Thephon (Temper
	ADDRESS: Corporations	STREET ADDRESS: Division of Corporations	
Rogistration	n Section	Registration Section	
P.O. Box 6: Tallahassee		Clifton Bullding 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a cha	ck for the following amoun	•	
☐ \$125,00		Fee & 🔲 \$155.00 Filing Fee	& S160.00 Filing Fee, Certificate of Status & Certified Copy

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," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.L.C," or "LLC.")	Limited
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 NB, Suite 2000	_ =
Atlanta, GA 30326	12 HOV
(Street Address of Principal Office)	-
6. 3424 Peachtree Road NE, Suite 2000	7
	- AH 10:
Atlanta, GA 30326 (Mailing Address)	6.000.00 MHD:59
(wighing vortezz)	က် ခို
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	\O
NF II - M Portfulio Holdings REIT, LLC. Manager	_
3424 Peachtree Road NE, Suite 2000	
Atlanta, GA 30326	_
Aliants, UA 30320	_
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the on aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation.	t
Signature of an authorized person In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated he	enein ete toes 4
m aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.417.155, F.S.	.)
James B. 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.

lf unavailable, a	he alternate to be use	ed in the state of Florida is:	
2. The name an	d the Florida street a	ddress of the registered agent and office are:	
	CT Corporation System	n	#
		(Name)	Å0N 7.1
	1200 South Pine Island	Road	-7
Florida Street Address (P.O. Box NOT ACCEPTABLE)		7	
	Plantation	FL 33324	AH 10: 59
		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.

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

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NF II/CI PENSACOLA, 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.

5630085 8300

141380097

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

Jeffrey W. Bultock, Secretary of State

OTHENTICATION: 1842284

DATE: 11-06-14