# m160000192

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
- PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer: W15 NISNY CEA OWE 25							

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2015

SARAH MICHALKO 24 CATHEDRAL PL, SUITE 300 ST. AUGUSTINE, FL 32084

SUBJECT: NTE OHIO II, LLC Ref. Number: W15000074574

We have received your document for NTE OHIO II, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

There is a balance due of \$25.00.

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.

Letter Number: 715A00023956

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	NTE Ohio II	, LLC								
	Name of Limited Liability Company									
		reign Limited Liability Comp d to register the above refero								
Please return al	l correspondence	concerning this matter to the	following:							
	S	arah Michalko								
		N	ame of Person							
	N	TE Ohio II, LLC								
Firm/Company										
	24 Cathedral Pl, Suite 300									
Address										
	s	t. Augustine, FL 32084								
		City/S	tate and Zip Code							
	St	michalko@nteenergy.com								
		E-mail address: (to be used	d for future annual	report not	ification)					
For further info	rmation concernin	g this matter, please call:								
	Sarah Michalk	0	at ( 904	) 687-	-1857					
	Name o	f Contact Person	Area Code		time Telephone Number					
Division Registra P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301					
	neck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsize \text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop					

# 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:

NTE Ohio II, LLC					
(Name of Fore	ign Limited Liability Company; must include "Limited Liab	oility Compar	ıy," "L.L.C.," o	r "LLC	.")
(If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting busines or "LLC.")	s in Florida.	The alternate na	ıme mu	st include "Limited
2. Delaware	3				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI numb	er, if applicable	e)	
4	(D			_	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	penalty liabi	lity)		
5. 24 Cathedral Place	Suite 300				
St Augustine, FL 32					
	(Street Address of Principal Office)				
6. 24 Cathedral Place,	Suite 300		N14	2	
St Augustine, FL 32	2084		(); >> 50	EFF .	tin harmy
	(Mailing Address)		The send		Communities
7. Name and street address	s of Florida registered agent: (P.O. Box NOT accepta	able)	%分 m-<	<u></u>	i M
Name:	Castillo Investment Holdings II, LLC	_	S	Ū	D
Office Address:	24 Cathedral Place, Suite 300	_	TATE ORIO	<b>ن</b> س	
	St. Augustine	_, Florida _	32084	_	
Registered agent's accept	(City)		(Zip code)		
Having been named as reg designated in this applicat to complywith the provision	gistered agent and to accept service of process for the ion, I hereby accept the appointment as registered agons of all statutes relative to the proper and complete by position as registered agont.	gent and ag	ree to act in ti	his cap	pacity. I further agree
	(Registered agent's signature)				
8. The name, title or capa	city and address of the person(s) who has/have author	ity to manag	ge is/are:		
Seth Shortlidge - Ma	anager				
24 Cathedral Place,	Suite 300				
St. Augustine, FL 3	2084				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreign bmitted)  Signature of an authorized person	n language,	official having a translation o	g custo of the o	dy of records in the certificate under oath
	in accordance with section 605.0203 (1) (b), Florida S the Department of State constitutes a third degree felo Seth Shortlidge				

Typed or printed name of signee

Page 1

# <u>Delaware</u>

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NTE OHIO II, 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 THIRD DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NTE OHIO II,
LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2015.

Authentication: 10533021

Date: 12-03-15