

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H16000048945 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)205-8842 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 III/CI Orlando C, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FEB 26 2016

S MASON

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	USINESS INTHE STATE OF FLORIDA:	•			
I. NP III/CI Orlando C, 1 (Name of For	eign Limited Liability Company; mus	t include "Limited Lia	bility Company," "L.L.C.," o	r "LLC.")	_
Liability Company," "L.L.C.	iternate name adopted for the purpose " or "LLC.")	of transacting busines	is in Florida. The alternate na	me must include "L	.lmited
2. Delaware	·	3. Applied for			
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable	ş)	
Upon qualification					
**	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to	rogistration.)		
5. 3424 Peachtree Road,	-	7904, r.s. to determine	p benank nuomik)	_	
Atlanta, GA 30326				r.	
	(Street Address of Pa	rincipal Office)			1
6. 3424 Penchtree Road, 1	NE, Suite 2000			美草 富	CALL MARKET.
Atlanta, GA 30326				(1) 13 13 13 13 13 13 13 13 13 13 13 13 13	1
	(Mailing A	ddress)		-100	1 5 3
7. Name and street addres	s of Florida registered agent: (P.C	. Box NOT accept	able)	TS -	O
Name:	C T Corporation System	•	·	A IV: 34 OF STATE E. FLORID	
Office Address:	1200 South Pine Island Road		_	Div. E	
	Plantation		, Florida 33324		
Registered agent's accept	(City)		(Zip code)	_	
Having been named as red designated in this applical to complywith the provision accept the obligations of n	gistered agent and to accept servi- flon, I hereby accept the appointn ons of all statutes relative to the pa my poxition as registered agent. O'T)Corporation Sys	nent as registered ap roper and complete stem	ent and agree to act in th	is capacity. I fur	ther agree
0.771		- ,			
8. The name, title of capa NF III - A Portfollo Holdi	city and address of the person(s) v	yno nas/nave autnori	ty to manage is/are:		
3424 Peachtree Road, NE,	Suite 2000				
Atlanta, GA 30326					
O. Attached is a certificate urisdiction under the law coff the translator must be su		s old, duly authentic tificate is in a foreig	n language, a translation of	custody of record f the certificate un	s in the oder oath
ubmitted in a document to	in accordance with section 605.02 the Department of State constitute	03 (1) (b), Florida S s a third degree felo	tatutes. I am avvare that any		1
	James E. Conley, Jr., Authorized			-	
	Typed or prin	nted name of signee	· · · · · ————————————————————————————		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NF III/CI ORLANDO C, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201883701

Date: 02-24-16

5967434 8300 SR# 20161123481

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