# M16000005959

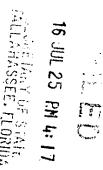
(Re	equestor's Name)								
(Address)									
(Address)									
(Ci	ty/State/Zip/Phone	e #)							
PICK-UP	WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



800288197558

07/25/16--01008--007 \*\*125.00



JUL 2 6 2016 Y SULKER

#### **COVER LETTER**

TO:

TO:		stration Section sion of Corporation	as							
Cudit		MLA INCOME PRO								
SUBJECT:Name of Limited Liability Company										
The enc Existen	closed ce, and	"Application by For l check are submitte	eign Limited Liability Con d to register the above refe	npany for Authoriz erenced foreign lim	ation to Tra	ansact Busi y company	ness in Florida," to transact busir	' Certificate of ness in Florida		
Please r	return a	all correspondence c	oncerning this matter to th	e following:						
		Erica L. Wright	t, Senior Paralegal							
			1	Name of Person				-		
·_		Culp Elliott & G	Carpenter, PLLC	···	: .	*				
Firm/Company								•		
		4401 Barclay D	owns Drive, Ste. 200							
Address								•		
	Charlotte, NC 28209									
	City/State and Zip Code							•		
		ELW@CECLAV	V.COM							
			E-mail address: (to be us	ed for future annua	l report no	tification)		•		
For furt	her inf	ormation concerning	g this matter, please call:							
	Erica	a L. Wright		704 at (	973-53	24				
		Name o	f Contact Person	Area Code	Day	time Telep	hone Number	•		
	Divis	LING ADDRESS:		on that april o displaying did no son	Division	of Corpora	tions	THE A SHEET COLORS THE COURSE		
Se allaga dar vi ur ur urum	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				and the second of the second o		
Enclose		check for the follow 25.00 Filing Fee	ing amount:  \$\Bigsirem\$ \$\\$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy			00 Filing Fee, Co & Certified Cop			

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTISS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MLA Income Properties II, 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 business in Fiorida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. North Carolina 20-1603270 (Jurisdiction under the law of which foreign limited liability company is organized) (PRI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3129 Springbank Lane Charlotte, NC 28226 (Street Address of Principal Office) 6. 3129 Springbank Lane Charlotte, NC 28226 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **CT Corporation Service** Name: 1200 South Pine Island Road Office Address: **Plantation** (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar with and accept the obligations of my position as registered egent. Terence Hardley Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Minok L. Allen, Manager 3129 Springbank Lane Charlotte, NC 28226 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Minok L. Allen, Manager



## NORTH CAROLINA Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### MLA INCOME PROPERTIES II, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 13th day of September, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of June, 2016.

Elaine I. Marshall

Secretary of State