M1600000 6895

(Requestor's Name)					
	ddress)				
, (* *					
(Address)					
•					
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(B	usiness Entity Name)				
	ocument Number)				
,_					
Certified Copies	Certificates of Status				
r					
Special Instructions to	Filing Officer				
	1				

Office Use Only



900289283999

08/26/16--01004--004 **125.00

SECRETAGE AN 8: 20

16 AUG 26 AH 10: 46

EPARIMENT OF CIVIL

NO 20 2ME RIS

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PI	CK UP: 826-16
		CERTIFIED COPY	
	R	РНОТОСОРУ	
		CUS	
	×	FILING	Foreign
1.		Detreit MC (CORPORATE NAME AND DO	Foreign odel Homes, LLC CUMENT#)
2. 3.		(CORPORATE NAME AND DO	CUMENT #)
1.		(CORPORATE NAME AND DO	CUMENT #)
5.		(CORPORATE NAME AND DO	CUMENT #)
5.		(CORPORATE NAME AND DO	CUMENT #)
•		(CORPORATE NAME AND DO	CUMENT #)
	ECIA STRU	L ICTIONS:	
			

COVER LETTER

TO: Regis Divisi	tration Section ion of Corporation	ons						
SUBJECT:	NETREIT MOD	DEL HOMES, LLC						
Separet.	·	Name of	Limited Liability	Company				
					ansact Business in Florida," C y company to transact busines			
Please return a	ll correspondence	concerning this matter to the	following:					
	Linda Richard	s						
		N	ame of Person					
	Registered Agent Solutions, Inc.							
	Firm/Company							
	1701 Directors	s Blvd, Ste 300						
			Address					
	Austin, TX 78744							
	City/State and Zip Code							
E-mail address: (to be used for future annual report notification)								
For further info	ermation concerning	ng this matter, please call:			,			
	Richards	.,	888 at (705-72	74			
	Name of Contact Person		Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section uilding cutive Center Circle				
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Certiof Status & Certified Copy	ficate		

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 COMPAN' TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NETREIT MODEL HOMES, 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if applicable) (Inrisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) 1282 Pacific Oaks Place Escondido, CA 92029 USA (Street Address of Principal Office) 1282 Pacific Oaks Place Escondido, CA 92029 USA (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee (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 camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Jaclyn Wright, Asst. Secretary gistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: NETREIT INC, Sole Member - 1282 PACIFIC OAKS PL ESCONDIDO, CA 92029 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) Signature of an authorized person 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.

Grant Harbert, CFO of NetREIT, Inc., Sole Member

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NETREIT MODEL HOMES, 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-FIFTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NETREIT MODEL HOMES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2015.

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

Authentication: 202890040

Date: 08-25-16

5694560 8300 SR# 20165527074