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Division of Corporations



From:

 Fax Number
 : (850)617-6383
 Top

 Account Name
 : TRIAD PROFESSIONAL SERVICES
 Im

 Account Number
 : 220160000008
 CO

 Phone
 : (850)777-2091
 CO

 Fax Number
 : (770)220-1943
 CO

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



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COVER LETTER

TO: Registration Section Division of Corporations

NADG (VENTURA POINTE) GP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, Ste. 390

Address

Alpharetta, GA 30005

City/State and Zlp Code

jbaden@triadpros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K, Gray		770	777-2091	
Name	of Contact Person	Area Code	Daytime	Telephone Number
MAILING ADDRESS		STREET ADDRESS:		
Division of Corporations		Division of Corporations		
Registration Section		Registration Section		
P.O. Box 6327		Clifton Building		
Tailahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		
🗆 \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy		\$160.00 Filing Fee, Certificate Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. NADG (VENTURA POINTE) GP LLC (Name of Foreign Limited Linbility 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.") 2. Delaware 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 400 Clematis Street, Suite 201 5 West Palm Beach, FL 33401 5 (Street Address of Principal Office) 0CT 24 2851 John Street, Suite One Markham, Ontario L3R 5R7 (Mailing Address) 22 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) င္မာ NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation Florida 33324 (City) **Registered agent's acceptance:** Having been named as registered ageng-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 comply 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. Nam (Registered agent's signature) 8. The name, title or capacity and address of the person(a) who has/have authority to manage is/are: John W.S. Preston (MGR) - 400 Clematis Street, Suite 201, West Palm Beach, FL 33401 Robert S. Green (MGR) - 2851 John Street, Suite One, Markham, Ontario L3R 5R7 Jeffrey W. Preston (MGR) - 400 Clematis Street, Suite_201, West Palm Beach, FL 33401 9. Attached is a conficate of existence, no more ther 90 days ald, 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

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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.

Robert S. Green

Typed or printed name of signee

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NADG (VENTURA POINTE) GP 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 OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NADG (VENTURA POINTE) GP LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2016.

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



6189374 8300 5R# 20166334388 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203213281 Date: 10-24-16

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