

M1700000 8545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

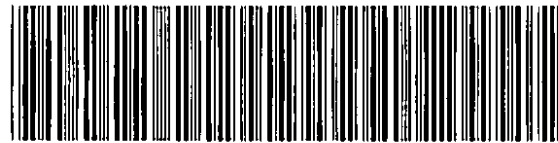
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 OCT -3 PM 9:05

10/04/17--01001--002 \*\*125.00

2017 OCT -3 PM 3:50

2017 OCT -3 PM 3:50

OCT 06 2017  
J. HARRIS

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive*

*Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 10/3/17  
**\*\*WALK IN\*\***

ENTITY NAME NLH Elevation I, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

☒ Plain Copy

☐ Certified Copy

☐ Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 125.00  
CHECK # 4101

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NLA Elevation I, 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:

Hope Henderson

Name of Person

Net Lease Alliance, LLC

Firm/Company

445 Dexter Avenue, Suite 4050

Address

Montgomery, Alabama 36104

City/State and Zip Code

hhenderson@netleasealliance.com

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

For further information concerning this matter, please call:

Hope Henderson

334

247-6219

at ( )

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2017

SUBJECT: NLA ELEVATION I, LLC  
Ref. Number: W17000078500

*Corrected -  
Please allow original  
file date*

We have received your document for NLA ELEVATION I, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 917A00020126

2017 OCT -3 AM 9:03  
2017 OCT -5 PM 2:38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2017

SUNSHINE CORPORATE FILING

SUBJECT: NLA ELEVATION I, LLC  
Ref. Number: W17000078500

*Corrected -  
please allow for  
initial free  
date.*

We have received your document for NLA ELEVATION I, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 917A00020024

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:

1. NLA Elevation 1, 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.")

2. Alabama

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 445 Dexter Avenue, Suite 4050

Montgomery, Alabama 36104

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NRAI Services, Inc.

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

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 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.

By: Patricia A. Boverie NRAI Services, Inc.  
(Registered agent's signature) Patricia A. Boverie, Asst. Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Net Lease Alliance, LLC (Manager)

445 Dexter Avenue, Suite 4050

Montgomery, Alabama 36104

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)

Samuel L. Colson  
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.

Samuel L. Colson

Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that NLA Elevation I, LLC was  
formed in Montgomery County, Alabama on September 15, 2017. The Alabama  
Entity Identification number for this entity is 403-950. I further certify that the  
records do not disclose that said entity has been dissolved, cancelled or terminated.



**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

10/02/2017

Date

*J. H. Merrill*

20171002000035104

John H. Merrill

Secretary of State