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#### **COVER LETTER**

New Campus Advisors, LLC SUBJECT:	
Name	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	the following:
London S. O'Dowd	
<del> </del>	Name of Person
The O'Dowd Law Firm LLC	
	Firm/Company
1400 Preston Road, Suite 400	
	Address
Plano, TX 75093	
Cir	ity/State and Zip Code
london@odowdlawfirm.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
London S. O'Dowd	214 432-1006 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 Tallahassec. FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	& □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

## 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:

NCA 2410 Tampa LLC (If name unavadable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida The a	lternate name must include "Limited Liab	olity Company," "	L.L.C," or "L.L.C ")
2 Texas		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numb	er, if applicable)	, <u>"</u>
4					
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration ne penalty	a ) liability)		
5. c/o Campus Real Esta	te Solutions	6.	c/o Campus Real Estate So	lutions	
(Street Address of 13455 Noel Rd., Suite	•		(Mailing Addr 13455 Noel Rd., Suite 410	(655)	
Dallas, TX 75240			Dallas, TX 75240	<del></del> -	
					<del></del>
<ol> <li>Name and <u>street addres</u></li> </ol> Name:	ss of Florida registered agent: (P.O. Box Steven Stenmark	NOT	acceptable)		
Office Address:	2001 NW 139th Terrace				
	Pembroke Pines		, Florida 33026		18 JAN
rraving been namea as re designated in this applica	egistered agent and to accept service of particles, the service of particles, accept the appointment as	orocess s regist	for the above stated limited ered avent and avree to act.	liability con	ipahy at the plac
designated in this applicate to comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s regist and co	ered agent and agree to act .	in thist <del>eup</del> ac	ity. I further ag
designated in this applicate to comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper	s regist and co	ered agent and agree to act .	in thist <del>eup</del> ac	ity. I further ag
designated in this applica to comply with the provis and accept the obligation	ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s regist and con signature)	ered agent and agree to act implete performance of my o	in this reupau duties, Engl I 0227	ity. I further ag
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap	ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent s acity and address of the person(s) who ha	s regist and con signature)	ered agent and agree to act mplete performance of my d	in this reupau duties, Engl I 0227	city. I further ag angamillar, with 52
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha	s regist and con signature)	ered agent and agree to act mplete performance of my d	in this reupau duties, Engl I 0227	city. I further ag angamillar, with 52
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha  Name and Address:  Arlo Ellison  6 Harbor Hill	s regist and con signature)	ered agent and agree to act mplete performance of my d	in this reupau duties, Engl I 0227	city. I further ag angamillar, with 52
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha  Name and Address:  Arlo Ellison  6 Harbor Hill	s regist and con signature)	ered agent and agree to act mplete performance of my d	in this reupau duties, Engl I 0227	city. I further ag angamillar, with 52
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designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:  Manager  (Use attachments if neces)	acity and address of the person(s) who ha  Name and Address:  Arlo Ellison  6 Harbor, Hill  Westport CT 06880  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	s regist and consideration of the signature) s/have T	ered agent and agree to act implete performance of my a authority to manage is/are: itle or Capacity:	Name and	and amiliar, with Address:

Typed or printed name of signee

Steven Stenmark

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



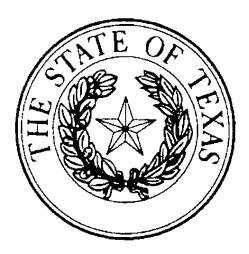
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for New Campus Advisors LLC (file number 802871963), a Domestic Limited Liability Company (LLC), was filed in this office on December 01, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 02, 2018.





Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services

Phone: (512) 463-5555 Prepared by: SOS-WEB Fax: (512) 463-5709 TID: 10264