1/4/2018

Division of Corporations

M 8 Of Department of State Of Control of State Of Charles of Charles

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000058783)))



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	Division of Cor Fax Number	: (850)617-6383	
From:			
	Account Name	: C T CORPORATION SYSTEM	
	Account Number	: FC4000000023	
	Phone	: (512)418-6949	1
	Fax Number	: (954)208-0845	•
*Enter an	the email address	s for this business entity to be ngs. Enter only one:[email addres:	used for future s pléase.**

Foreign Limited Liability Company NXC JV I LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

J. HARRIS

To:

	•	CO	VER LETTER	1		
то:	Registration Section Division of Corporation					
/3415 TE	NXC JV I LLC					
SURIF	SUI:	Name of I	Limited Liability Company			
The end Existen	closed "Application by For ice, and check are submitted	eign Limited Liability Comp d to register the above refere	pany for Authorization to T enced foreign limited liabili	ransact Business in Flo ly company to transact	rida," Certificate of business in Florida.	
Please	return all correspondence c	oncerning this matter to the	following:			
	Gaye Bass			,	•	
		Ì				
	NEXCORE GR	OUP LLC				
	Firm/Company					
	1621 18th St St					
	Denver, CO 80202					
		City/S	tate and Zip Code	İ		
	gaye.bass@nexc	oregroup.com				
		E-mail address: (to be user	d for future annual report n	otification)		
For fur	ther information concerning	g this matter, please call:				
Linda Stauffer			713 : 332-3	794		
	Name o	f Contact Person		ytime Telephone Num	ıber	
•	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1. 32314		Divisio Registri Clifton 2661 fi	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 3230		
Enclos	ed is a check for the follow 1 \$125.00 Filing Fee	ing amount: \$\Bigsireq \text{S130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing F of Status & Certific	•	

APPLICATION BY FO		MPANY FOR AUTHORIZATION T LORIDA	O TRANSACT BUSINESS
	ION 605 0002, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	FOLLOWING ISSUBMITTED TO REGISTER	A FOREXON LIMITED LIABILITY
1. NXC JV LLLC			
(Name of Porcign I	united Cability Company, must include "Limit	ted Liability Company," "L.L.C.," or "L.L.C.")	
		londa. Tao alternate surre must include "Limstea Liabilit	y Company," "L.L. C," or "LLC.")
2 Delaware	the attition at an helican of aminously occurren and	3. 82-2475369	
(Jurisdiction under the law of whi	ch listings (imited hability company is organized)	(FEI muruber,	II applicable)
4,	(Date first transacted business in Florida, if pisor to (See sections 645,0964 & 605,0975, F.S. to deter-	n magnetistrom)	-
1621 18th St Ste 250	(see sections on strains at on story), (in peren		
(Steel Address of Pr	nncipal Office)	6 1621 18th St Ste 250 (Nating Address)
Denver, CO 80202		Denver, CO 80202	· <u> </u>
			čita ,
7. Name and street address	of Florida registered agent: (P.O. Bo	х <u>NOT</u> вссеривые)	. 1
Name:	NRAI Services, Inc.		ψ _i
. vanc.	1200 South Pine Island Road	!	10)
Office Address:	1200 South Pine Island Road		Ģ
	Plantation	; Florida 33324 (Zipeode)	
Registered agent's accept	(City)	(Zip code)	, 0
Having been named as reg designated in this applicat to comply with the provision and accept the obligations	gistered agent and to accept service of tion. I hereby accept the appointment	f process for the above stated limited li as registered agent and agree to act in er and complete performance of my du	this capacity. I justines agree
	/Regissered agent	's signature) Linco Stauffer, Assistant M	anager
8. The name, title or capa <u>Fitle or Capacity:</u>	city and address of the person(s) who l	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Authorized Signatory	Robert Lawless 1621 18th St., #250		<u></u>
	Denver, CO 80202		

(Use attachments if necess	•		
 Attached is a certificate jurisdiction under the law of of the translator must be st 	of which it is organized. (If the certific	duly authenticated by the official have at is in a foirign language, a translation	ing custody of records in the m of the certificate under oath
10. This document is execusubmitted in a document to	uted in accordance with section 605.02 the Department of State constitutes a t	03 (1) (b) Virida Statutes. I am aware third degree/Elony as provided for in s.	that any false information 817.155, F.S.

Signature of an authorized person

Typed or printed same of taken

Robert Lawless

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NXC JV I LIC" 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 FOURTH DAY OF JANUARY, A.D. 2018.

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

6364605 8300 SR# 20180072761

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201920596

Date: 01-04-18