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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Foreign Limited Liability Company NADG NNN CPHARM (FL) GP LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEMEE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FÖREKIN LIMITED LIABILITY COMPANY TOTRANSACT BUNNESS IN THE STATE OF FLORIDA:

	n Lumited Liability Company; must include "l	minded statements company, through the their	
(II name unavuilable, enter alternate	name adopted for the purpose of transacting business	s in Florida. The alternate name must include "Limited Linbili	ty Company """ L.C. " or "LLC.")
→ Delaware	•	3 87-3549814	is company, they of the co
	which foreign limited liability company is organized)		if applicable)
4 Upon qualification			,
1. Opon qualification	(Date first transacted business in Tanda et a	MAN IN TORISTATION	
	(Date first transacted business in Florida, if p (See sections 605 0004 & 605 0005, F.S. to (determine penalty hability)	
5 400 Clematis Stree		6. 2851 John Street, Suite C	
West Palm Beach,	•	(Mailing Address) 59 20
33401	· ionda	Markham, Ontario	
33401		L3R 5R7	<u> </u>
7. Name and street addre	ess of Florida registered agent: (P.O.	·	FILEC)-9 F Aley o Assen
Name:	Corporate Creations Network	Inc.	
Office Address:	801 US Highway 1	· · · · · · · · · · · · · · · · · · ·	3: ,00
	North Palm Beach		(0
Having been named as r	otance: egistered agent and to accept service	Florida 33408 (/www.e.e.of process for the above stated limited lie	ability company at the place
designated in this applica- to comply with the provis	otance: egistered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the pro- ts of my position as registered agent. (A.s., YA.	(/tp code) e of process for the above stated limited li- ent as registered agent and agree to act in oper and complete performance of my du .	this capacity. I further agree
Having been named as re designated in this applica- to comply with the provis	otance: egistered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the pro is of my position as registered agent. Ashley Golds	(/ip code) e of process for the above stated limited li- out as registered agent and agree to act in oper and complete performance of my du comith, Special Secretary	this capacity. I further agree
Having been named as re designated in this applica- to comply with the provis	otance: egistered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the pro is of my position as registered agent. Ashley Golds	(/tp code) e of process for the above stated limited li- ent as registered agent and agree to act in oper and complete performance of my du .	this capacity. I further agree
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Having been named as redevignated in this applicate to comply with the provisual accept the obligation. 8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if necess). Attached is a certificate.	Diance: Legistered agent and to accept service attion, I hereby accept the appointment ions of all statutes relative to the price of my position as registered agent. Ashley Golds Registered agent and address of the person(s) when a mid Address: John W.S. Preston 400 Commin Street Suite 201 West Part Bosch Ft 3340: Robert S. Green 2851 June Street Suite One Marcham Ortano 138 597 of existence, no more than 90 days of which it is organized. (If the certical contents of which it is organized.)	(/ip code) e of process for the above stated limited liver as registered agent and agree to act in oper and complete performance of my du smith, Special Secretary pent's signature; no has/have authority to manage is/are: Title or Capacity:	this capacity. I further agree ties, and I am familiar with Nume and Address: Stephen S.B. Preston 1508 Sact 2000s Date Dates Takes 75205

10. 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.

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

DELAWARE, DO HEREBY CERTIFY "NADG NNN CPHARM (FL) 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 NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NADG NNN CPHARM"

(FL) GP LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204925268

Date: 12-09-21