

M24000003834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

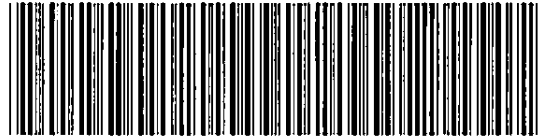
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DJM NNN III, 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:

Emory McLeod

\_\_\_\_\_  
Name of Person

DJM Capital

\_\_\_\_\_  
Firm/Company

60 South Market Street, suite 1120

\_\_\_\_\_  
Address

San Jose, CA 95113

\_\_\_\_\_  
City/State and Zip Code

emcleod@djmcapital.com

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

For further information concerning this matter, please call:

Emory McLeod

408

271-0377

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. DJM NNN III, 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. Delaware Secretary of State

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

3.

(FEI number, if applicable)

4. June 10, 2015

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

5. DJM NNN III, LLC

(Street Address of Principal Office)

60 South Market Street, suite 1120

San Jose, CA 95113

DJM NNN III, LLC

6.

(Mailing Address)

60 South Market Street, suite 1120

San Jose, CA 95113

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

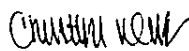
33324

(Zip code)

6069 MAR 12 PM 4:50

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.



Christine Kelm,  
Assistant Secretary

(Registered agent's signature)


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: John Miller	<input checked="" type="checkbox"/> Manager	Name: Emory McLeod
<input checked="" type="checkbox"/> Member	Address: 60 South Market Street, suite 11	<input type="checkbox"/> Member	Address: 60 South Market Street, suite 11
<input type="checkbox"/> Authorized	San Jose, CA 95113	<input type="checkbox"/> Authorized	San Jose, CA 95113
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Charlie O'Connell	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 60 South Market Street, suite 11	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	San Jose, CA 95113	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Quyen Tran	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 60 South Market Street, suite 11	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	San Jose, CA 95113	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.

  
\_\_\_\_\_  
Signature of an authorized person

Emory McLeod  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "DJM NNN III, 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 FIFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DJM NNN III,  
LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2015.

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



5761914 8300

SR# 20240892176

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202949646

Date: 03-05-24



Where People Thrive

March 6, 2023

Sent via FedEx

Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Registration of DJM NNN III, LLC (foreign LLC)

To Whom it may concern,

Attached please find an application to register DJM NNN III, LLC as a foreign limited liability company in the state of Florida to transact business in Florida. Included you will find:

1. Cover Letter
2. Certificate of Existence
3. Florida Division of Corporations Application
4. Check for \$160.00

Please contact me with any questions you may have.

Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read 'Emory McLeod', written over a horizontal line.

Emory McLeod  
*Property Manager*

**DJM Capital**  
[emcleod@djmcapital.com](mailto:emcleod@djmcapital.com)  
408-271-0377