

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150000544673)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Panil	Address:			
CHGTT	ALILLESS:			

### FLORIDA/FOREIGN LP/LLLP Cole Operating Partnership V, LP

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$1,000.00

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#### **COVER LETTER**

TO: Registration Sec Division of Con					
Cole Onerol	ting Partnership V. LP				<u>.</u>
SUBJECT:			to an Y lanks 1 f	1.1.119.	V 1 - 1 - 1 TO 4
Nan	ne of Parcign Limited Parts	iersb	ib or musted r	lability	Limited Partnersup
partnership to transact bu	, certificate of status and fe siness in Florida. Indence concerning this ma			register	s foreign limited partnership or limited liability limited
Kathi Simens	_				
	Contact Person				
American Realty Capital	Properties .				
	Firm/Company		<del></del>		
2325 Best Camelback Ro	oad, Suite 1100				•
	Address		<del></del>		
Phoenix, AZ 85016					
a	ty, State and Zip Code		<u> </u>		
ksimens@arcpreit.com					
E-mail address: (to be u	sed for future annual repor	t not	ification)		
For further information of	oncerning this matter, pleas	e ca	li:		
Kathi Simens		at C	, 602	778-6	304
Name of Contac	t Person			d Dayti	me Telephone Number
Enclosed is a check for th	s following amount:				
☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status		51,052.50 Filing 1 Certified Cop		© \$1,061,25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	irele	Ro	AILING ADDI gistration Sectle vision of Corpo O. Box 6327 Halinasco, FL 3	on rations	

FILE 13/5 )
2015 MAR -3 AM 9: 52
SECONSTANCE STATE
TALLAMASSEE, FLORIDA

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Acceptable Limited	Limited Partnership or Limited Liab Partnership suffixes: Limited Portners	City Limited Partnership, which must include suffer) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.LLP. or LLP.				
If name unavailab!	e, name under which the limited partner business in Flori	erable or limited liability limited partnership proposes to register to transact da; must contain acceptable suffix.				
, Delaware		3. June 18, 2013				
	tate or Country of Formation er Identification Number: 46-195859;	Date of Formation				
5. Name of Register C T Corporation Sy	red Agent for Service of Process and	Florida Street Address:				
1200 South Pine Isl	and Road					
Plantation, Ptorida	33324					
6. I hereby accept to of all statutes reli my position as reg	ative to the proper and complete perfor ristered agent. CT Proporation 8					
7. Principal Office:		8. Molling Addross:				
2325 Bast Camelbas		2325 East Camelback Rd., Suite 1100  Phoenix, AZ 85016				
Phoenix, AZ 85016						
10. Name, principa	orship is a limited liability limited par il office address, and mailing address il Parmer: Cole Credit Propeny Trust V	s of each general parines:				
	2325 Bast Camelback Rd., Suite 1100	1				
Street Address:	Phoenix, AZ 85016	Street Address:				
Mailles Address	2325 Bast Camelback Rd., Suite 1100	D Mallian Address				
Mailing Address:  Fhoenix, AZ 85016		Mailing Address:				
Name of Genera	l Partner:	Name of General Pariner:				
Street Address:		Street Address:				
Mailing Address		Mailing Address:				

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

Name of General Partner:	Page 1 of 2  Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date connot be prior to nor more than 90 day	ys after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authentics. Florida Department of State, by the Secretary of State of the law of which it is organized.	eated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 2nd day of March	90 15
Cole Cr	redit Property Trust V, Inc., General Partner
The individual signing this document affirm that the fac	cts stated herein are true and the individual is aware that false information as it is a stated herein are true and the individual is aware that false information as it is a stated herein as \$17.155, P.S.

Page 2 of 2

352.50 \$8.75

\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee)

# Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLE OPERATING PARTNERSHIP V, LP"

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 SECOND DAY OF MARCH, A.D. 2015.

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

5353202 8300

150302008

You may varify this certificate online at corp. delevere gov/authvar. Shiml

Jeffrey W. Bullock, Secretary of State

THENTY CATION: 2162703

DATE: 03-02-15