M06000005111

| (Re | questor's Name |) |
|-------------------------|------------------|--------------|
| (Ado | dress) | |
| (Adı | dress) | |
| (144 | u. 000) | |
| (Cit | y/State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL . |
| (Bu | siness Entity Na | ame) |
| (Do | cument Numbe | r) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |

Office Use Only



600079255836

06 SEP 19 PH 1: 18

RECEIVED

06 SEP 19 AM 10: 4

NISION OF TURPORATION



ACCOUNT NO. : 072100000032

REFERENCE: 461374 4305738

AUTHORIZATION

COST LIMIT

ORDER DATE: September 18, 2006

ORDER TIME : 9:02 AM

ORDER NO. : 461374-010

CUSTOMER NO: 4305738

FOREIGN FILINGS

NAME: NNN DCF CAMPUS 6, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:

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

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|
| I. NNN DCF Campus 6, LLC |
| (Name of Foreign Limited Liability Company) |
| 2. Delaware 3. N/A |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. <u>September 13, 2006</u> 5. <u>Perpetual</u> |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. Upon filing of application |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 1551 N Tustin Avenue, Suite 200 |
| Santa Ana, CA 92705 |
| (Street Address of Principal Office) |
| 8. If limited liability company is a manager-managed company, check here |
| |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Triple Net Properties, LLC |
| 1551 N Tustin Avenue |
| Suite 200 |
| Santa Ana, CA 92705 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: |
| Real Estate |
| Auscella Sellard |
| Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) |
| Priscilla Dillard |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| The name of the Limited Liability Company is: | |
|---|--|
| NNN DCF Campus 6, LLC | |
| The name and the Florida street address of the registered agent and office are: | |
| Corporation Service Company | |
| (Name) | |
| 1201 Hays Street | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Tallahassee _{FL} 32301 | |
| City/State/Zip | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Corporation Service Company

(Signature)

Doreen F. Wallace as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN DCF CAMPUS 6, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN DCF CAMPUS 6, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5039877

DATE: 09-14-06

4219180 8300

060846770