Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000191448 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

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

Email	Address:		

Foreign Limited Liability Company VEREIT CL VENICE FL, LLC

Certificate of Status	0
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August 22, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: VEREIT CL VENICE FL, LLC

REF: W16000057976

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Dionne M Scott Regulatory Specialist II Registration Section FAX Aud. #: H16000191448 Letter Number: 616A00017715



August 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: VEREIT CL VENICE FL, LLC

REF: W16000054252

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Karen A Saly Regulatory Specialist II FAX Aud. #: H16000191448 Letter Number: 216A00016951



August 5, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: VEREIT CL VENICE FL

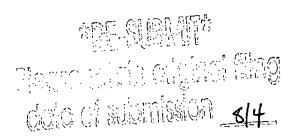
REF: W16000054252

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Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H16000190428 Letter Number: 816A00016513



COVER LETTER

BJECT:	VEREIT CL VEN	ICE FL, LLC				
BJEC1;	Name of Limited Liability Company					
					ransact Business in Florida," by company to transact busine	
ase return	all correspondence	concerning this matter to th	e following:			
	KATHI SIME	NS				
		1	Vame of Person			
	VEREIT					
	**************************************	I	Firm/Company			
	2325 E. CAM	ELBACK ROAD, SUITE 1	100			
			Address			
	PHOENIX, A	RIZONA 85016				
		City/S	State and Zip Code	;		
	KSIMENS@VE	REIT.COM				
		E-mail address: (to be use	ed for future annua	report no	tification)	
further in	formation concerning	ng this matter, please call:			·	
KA	THI SIMENS		602 at (778-63	04	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
MA	ILING ADDRESS	1			TADDRESS:	
Division of Corporations				of Corporations		
	stration Section Box 6327			Registrat	ion Section	
	ahassee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301	
	shoot for the follow	ring amount:				
	check for the follow 125.00 Filing Fee	\$130.00 Filing Fee &	🗆 \$155.00 Filir		□ \$160.00 Filing Fee, Cer	

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

VEREIT CL VENICE	FL . LLL		
		e "Limited Liability Company," "L.L.C.," or "LLC	C.")
(If name unavailable, enter a Liability Company," "L.L.C,	," or "LLC.")	sacting business in Florida. The alternate name mu	ast include "Limited
2. DELAWARE	3	6110429	
	of which foreign limited liability	(FEI number, if applicable)	
4			e same See an annual
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.		<u> </u>
5. 2325 E. CAMELBAC	K ROAD, SUITE 1100		
PHOENIX ARIZONA	85016		
	(Street Address of Principal	Office)	
6. 2325 E. CAMELBACI	K ROAD, SUIE 1100		
PHOENIX, ARIZONA	4 85016		<u> </u>
	(Mailing Address)		<u> </u>
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	5>
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida <u>33324</u>	
	(City)	(Zip code)	•
designated in this applica to complywith the provisi accept the obligations of t	gistered agent and to accept service of p tion, I hereby accept the appointment as	rocess for the above stated limited liability of registered agent and agree to act in this capand complete performance of my duties, and	pacity. I further agree
	(Registered ager	nt's signature)	
8. The name, title or capa	ates. Asst. Sec. acity and address of the person(s) who had ad, Suite 100, Phoenix, AZ 85016	s/have authority to manage is/are:	
TODD J. WEISS, GENER	RAL COUNSEL, REAL ESTATE OF CO	DLE REAL ESTATE INCOME STRATEGY	,
(DAILY NAV) ADVISOI	rs, llc, the manager of the ll	С	
9. Attached is a certificate urisdiction under the law of the translator must be su	of which it is organized. (If the certificate ibmitted)	luly authenticated by the official having custo is in a foreign language, a translation of the	dy of records in the certificate under oath
		horized person	
	Signature of an aut	horized person	
	in accordance with section 605.0203 (1) the Department of State constitutes a thir	(b), Florida Statutes. I am aware that any falsed degree felony as provided for in s.817.155,	
	TODD J. WEISS, GENERAL COUNSE	EL, REAL ESTATE OF MANAGER	

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 "VEREIT CL VENICE FL, 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 SECOND DAY OF AUGUST, A.D. 2016.

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

6110429 8300 SR# 20165194677

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

Authentication: 202763173

Date: 08-02-16