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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)878-5368

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

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CALL AND USE FLORIDA

FLORIDA/FOREIGN LP/LLLP
Cole Corporate Income Operating Partnership II, LP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JUN 23 A 10:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cole Corporate Income Operating Partnership II, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Kathi Simens

Contact Person
Cole Corporate Income Operating Partnership II, LP

Firm/Company
2325 East Camelback Road, Suite 1100

Address
Phoenix, AZ 85016

City, State and Zip Code
ksimens@ver.it.com

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

For further information concerning this matter, please call:

Kathi Simens at (602) 778-6304

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32361

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

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

1. Cole Corporate Income Operating Partnership II, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

3. 03/15/2013

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 46-2302750

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. 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.

C T Corporation System

By: [Signature] Michael Jones, Assistant Secretary
Signature of Registered Agent

7. Principal Office:

2325 East Camelback Road, Suite 1100

Phoenix, AZ 85016

8. Mailing Address:

2325 East Camelback Road, Suite 1100

Phoenix, AZ 85016

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Cole Office & Industrial REIT (COIT II), Inc. Name of General Partner:

Street Address: 2325 East Camelback Road, Suite 1100 Street Address:

Phoenix, AZ 85016

Mailing Address: 325 East Camelback Road, Suite 1100 Mailing Address:

Phoenix, AZ 85016

Name of General Partner: Name of General Partner:

Street Address: Street Address:

Mailing Address: Mailing Address:

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TALLAHASSEE, FLORIDA

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Name of General Partner: _____ Name of General Partner: _____

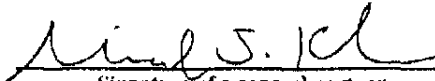
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22nd day of June, 2016



Signature of a general partner
Michael J. Komenda, Secretary of Cole Office & Industrial REIT (CCIT II), Inc.

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLE CORPORATE INCOME OPERATING PARTNERSHIP II, 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 TWENTY-THIRD DAY OF JUNE, A.D. 2016.

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



5303826 8300

SR# 20164608206

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202543807

Date: 06-23-16