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PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 292997 4302815

/X

AUTHORIZATION :

COST LIMIT : \$ 1061.25

ORDER DATE : July 10, 2018

ORDER TIME : 10:24 AM

ORDER NO. : 292997-020

CUSTOMER NO: 4302815

FOREIGN FILINGS

NAME: NNN PANAMA CITY FL I OWNER LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NNN Panama City FL I Owner LP	
Name of Foreign Limited Partn	ership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fer partnership to transact business in Florida. Please return all correspondence concerning this man	es are submitted to register a foreign limited partnership or limited liability limited tter to:
c/o Apollo Global Management, LLC	
Contact Person	
NNN Panama City FL I Owner LP	
Firm/Company	
9 West 57th Street	
Address	
New York, NY 10019	
City, State and Zip Code	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, pleas	se call:
	_at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$\int \\$1,052.50 \text{ Filing Fee,} \\ \text{and Certified Copy} \\ \text{Certificate of Status} \\ \text{S1,061.25 \text{ Filing Fee,}} \\ \text{Certificate of Status}
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

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

NNN Panama City FL I Owner 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 Date of Formation State or Country of Formation 4. Federal Employer Identification Number ____ 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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. Corporation Service Company Roxanne Turner Asst. Vice President Signature of Registered Agent 8. Mailing Address: 7. Principal Office: c/o Apollo Global Management, LLC c/o Apollo Global Management, LLC 9 West 57th Street 9 West 57th Street New York, NY 10019 New York, NY 10019 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:_ NNN Owner GP III LLC Name of General Partner: c/o Apollo Global Management, LLC Street Address: __ Street Address: __ 9 West 57th St., New York, NY 10019 Mailing Address: Name of General Partner:______ Name of General Partner:______ Street Address: Street Address: Mailing Address: ______ Mailing Address: ______

Name of Gen	eral Partner:	Name of General Partner:	_
Street Addres	s:	Street Address:	
Mailing Adds		Mailing Address:	_
11. Effective dat	e, if other than the date of filing:		
Obffective date ca Note: If the date i	nnot be prior to nor more than 90 days.	ofter the date this document is filed by the Florida Department of State.) upplicable statutory filing requirements, this date will not be listed as the	
12. Attached is a Florida Departme the law of which	nt of State, by the Secretary of State or	d, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction unde	:r
Signed this 9th	day of July NNN Owner	.20 I8 GP IH LLC, a Delaware limited liability company	
The individual sig	Sig By: Pamela ming this document affirms that the fact	nature of a general partner Santos, Authorized Person s stated herein are true and the individual is aware that false information itutes a third degree felony as provided for in s.817.155, F.S.	
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

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Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NNN PANAMA CITY FL I OWNER 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 TENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN PANAMA CITY FL I OWNER LP" WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2018.

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

Authentication: 203037291

Date: 07-10-18