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(Document Number)		
Certified Copies	_ Certificates	s of Status
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 292997 4302815

COST LIMIT : \$ 1061/25

AUTHORIZATION :

ORDER DATE : July 10, 2018

ORDER TIME : 10:41 AM

ORDER NO. : 292997-145

CUSTOMER NO: 4302815

FOREIGN FILINGS

NAME: NNN CLEARWATER FL 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 Clearwater FL Owner LP	
Name of Foreign Limited Partn	ership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fed 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 Clearwater FL 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, please	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\$ Filing Fees and Certified Copy \$ Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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

(Name of Limited Partnership or Limited Liah Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes:	bility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P, or LLLP.	
	ership or limited liability limited partnership proposes to register to transactida; must contain acceptable suffix.	
2. Delaware	3. 06/04/2018	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Process and	l Florida Street Address:	
Corporation Service Company		
1201 Hays Street		
Tallahassee, FL 32301		
of all statutes relative to the proper and complete performy position as registered agent. Corporation Services By: Corporation Corpora	ad agree to act in this capacity. I further agree to comply with the provisions or mance of my duties, and I am familiar with and accept the obligations of Roxanne Turner Asst. Vice President ture of Registered Agent	
7. Principal Office:	8. Mailing Address:	
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 is a limited partnership.	artnership, check box.	
10. Name, principal office address, and mailing addre	•	
Street Address: c/o Apollo Global Management, LL		
9 West 57th St., New York, N		
	Mailing Address:	
Name of General Partner:	Name of General Partner:	
	Street Address:	
Mailing Address:	Mailing Address:	

Name of Ge	netal Pariner:	Name of General Partner:	
Street Addre	ess:	Street Address:	
Mailing Ado	lress:	Mailing Address:	
11. Effective da		after the date this document is filed by the Florida Department of State.)	
concern the nate	annot be prior to nor more than 90 days inserted in this block does not meet the ctive date on the Department of State's r	applicante statutory tiling requirements, this date will not be listed as the	
12. Attached is a Florida Departm the law of which	ent of State, by the Secretary of State or	ed, 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 under	
Signed this 9th	day of July	.20 18 or GP III LLC, a Delaware limited liability company	
	Sig	gnature of a general partner Santos, Authorized Person	
The individual si submitted in a de	igning this document affirms that the fac	its stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in \$ 817.155, F.S.	
	Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50	
Certificate of Status (optional): \$8.75			

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NNN CLEARWATER FL 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 CLEARWATER FL 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: 203037321

Date: 07-10-18