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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: _	CW Pharmacy III DST							
Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:								
FEES: Declarate	tion of Trust	\$350.00						
OPTIONAL:								
Certifie	д Сору	\$ 8.75						
FROM:	Kathi Newell, The Inland Real Estate Group, Inc. Name (Printed or typed)							
	Name (Printed or	typea)						
	2901 Butterfield Road							
	Address							
	Oak Brook, Illinois 60523							
City, State & Zip								
	(630) 218-8000							
	Daytime Telephone	number						



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2013

CT CORPORATION SYSTEM

X X X,

SUBJECT: CW PHARMACY III DST

Ref. Number: W13000059766

We have received your document for CW PHARMACY III DST and your check(s) totaling \$358.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 713A00025048

RE-SUBMIT
Please retain original filing
date of submission 10/25

13 OCT 28 PH W. 30

(CT Corporation System)

October 28, 2013

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8936653 SO

Customer Reference 1:

IPCC CVS Zero Coupon Phar

Customer Reference 2:

Pharmacy III Portfolio

Dear Department of State, Florida:

Please obtain the following:

CW Pharmacy III DST (DE) Qualification Florida

CW Pharmacy III DST (DE) Certificate of Status/Authorization-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com *RE-SUBMIT*
Please retain original filing
date of submission 10/25

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

_	CW PHA	RMACY III [DST	•	-	
	A DELAWAR	RE STATUT	ORY	_TRUST	130 C1 25	- > 1 0 0
In accordance with Common Law D Board of Trustee	eclarations of	Trust, the u	ndersig DST	ned, the Chai	aining to rman of the	M 8: U.
Delaware	Trus	7	ne of Tru irms in	ust) order to file (
(State) CW Pharmacy				, in the State		
1. Two or more	persons are na	med in the	Trust.			
2. The principal	address is 29	01 Butterfiel	d Road	·		_
Oak Brook, III						_•
3. The registered CT Corporation	d agent and str on System, 120				a is:	_
Plantation, Fl	orida 33324			Ç.		_•
at the place de	y the registered of service of pressignated in the ent and agree to	ocess for the is affidavit,	e abov	e named Decloy accept the a	aration of Tru	
Ca	mue Bujan		nie Br			_
	Q Sign	ature of Regist	ered Age	tire tary		
Florida.	hich the assoc	ciation prope CW Pharmacy	oses to III DST		usiness in tutory trust	
ubscribed and sworn October 21 NOTARY	2013	limited By: Inland	l liability Private (company, its si Capital Corporat sole member	gnatory trustee	
OFFICIAL SEAL MARY V COOPER	§	Filing Fee:	\$34	50.00.		

Certified Copy: \$ 8.75 (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF STATUTORY TRUST REGISTRATION OF "CW

PHARMACY III DST", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY

OF SEPTEMBER, A.D. 2013, AT 12:13 O'CLOCK P.M.

5405342 8100

131131761

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 0771270

DATE: 09-27-13

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

State of Delaware Secretary of State Division of Corporations Delivered 12:26 PM 09/26/2013 FILED 12:13 PM 09/26/2013 SRV 131131761 - 5405342 FILE

CERTIFICATE OF TRUST OF CW PHARMACY III DST

This Certificate of Trust of CW Pharmacy III DST (the "Trust") dated as of September 26, 2013, is being duly executed and filed on behalf of the Trust by the undersigned, as trustees, to form a statutory trust under the Delaware Statutory Trust Act (12 Del. C. § 3801 et seq.) (the "Act").

- 1. Name. The name of the statutory trust formed hereby is CW Pharmacy III DST.
- 2. <u>Delaware Trustee</u>. The name and business address of the trustee of the Trust in the State of Delaware is The Corporation Trust Company, The Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801 (County of New Castle County).
- 3. <u>Effective Date</u>. This Certificate of Trust shall be effective upon filing with the Delaware Secretary of State's Office.

WHEREFORE, the undersigned have duly executed this Certificate of Trust in accordance with Section 3811 (a)(1) of the Act.

SIGNATORY TRUSTEE:

CW Pharmacy III Exchange, L.L.C., a Delaware limited liability company, as Signatory Trustee

By: Inland Private Capital Corporation, a Delaware corporation, its sole member

By: /s/ Cathleen M. Hrtanek
Cathleen M. Hrtanek
Secretary

DELAWARE TRUSTEE:

The Corporation Trust Company, a Delaware corporation, as Delaware Trustee

By: /s/ Victor A. Duva
Victor A. Duva
Vice President

Doc:153575/2