

D13000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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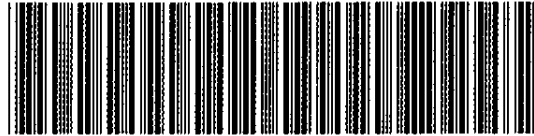
(Business Entity Name)

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DIVISION OF CORPORATIONS
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2013 DEC 23 AM 11:22

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 26 2013

J. BRYAN

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Pharmacy Sale Leaseback DST

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Nonprofit☐ Foreign☐ Limited Partnership☐ LLC☐ Certified Copy☒ Walk In☐ Mail Out☐ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☐ Photocopies☐ Will Wait☐ Merger☐ Mark☒ Other**Trust Qualification**☐ UCC☒ CUS☐ After 4:30☒ Pick Up

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12/23/2013

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Order#:

8981492

Ref#:

Amount: \$

TRANSMITTAL LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Pharmacy Sale Leaseback DST

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

FEES:

Declaration of Trust	\$350.00
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OPTIONAL:

Certified Copy	\$ 8.75
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FROM: Kathi Newell, The Inland Real Estate Group, Inc.

Name (Printed or typed)

2901 Butterfield Road

Address

Oak Brook, Illinois 60523

City, State & Zip

(630) 218-8000

Daytime Telephone number

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

PHARMACY SALE LEASEBACK DST

A DELAWARE STATUTORY TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of Pharmacy Sale Leaseback DST, a
(Name of Trust)
Delaware Trust hereby affirms in order to file or qualify
(State)
Pharmacy Sale Leaseback DST, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 2901 Butterfield Road
Oak Brook, Illinois 60523
3. The registered agent and street address in the State of Florida is:
CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

Connie Bryan
Assistant Secretary

Connie Bryan
(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.
Subscribed and sworn to before me this 20th day of December, 2013.
- By: Pharmacy Sale Leaseback DST, a Delaware statutory trust
Pharmacy Sale Leaseback Exchange, L.L.C., a
Delaware limited liability company, its signatory
trustee
By: Inland Private Capital Corporation, a Delaware
corporation, its sole member
- Notary Public

By: Joseph E. Binder
Joseph E. Binder, Senior Vice President

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TALLAHASSEE, FLORIDA

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 "PHARMACY SALE LEASEBACK DST", FILED IN THIS OFFICE ON THE NINTH DAY OF DECEMBER, A.D. 2013, AT 1:25 O'CLOCK P.M.



5445204 8100

131396038

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0960147

DATE: 12-09-13

**CERTIFICATE OF TRUST
OF
PHARMACY SALE LEASEBACK DST**

This Certificate of Trust of Pharmacy Sale Leaseback DST (the "Trust") dated as of December 9, 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 Pharmacy Sale Leaseback DST.
2. Delaware Trustee. The name and business address of the trustee of the Trust in the State of Delaware is The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801 (County of New Castle County).
3. Effective Date. 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:

Pharmacy Sale Leaseback 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