# 01800000026

(Re	equestor's Name)		
(Ac	dress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	Copies Certificates of Status		
Special Instructions to	Filing Officer:		
W18-	41931		

MOON NOON

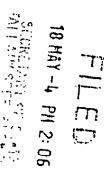
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 194000 8142135

AUTHORIZATION :

\$350.00 CHECK ATTACHED

\_\_\_\_\_\_

ORDER DATE : May 3, 2018

ORDER TIME : 5:19 PM

ORDER NO. : 194000-015

CUSTOMER NO: 8142135

#### FOREIGN FILINGS

NAME: EXCHANGERIGHT NET LEASED

PORTFOLIO 22 DST

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

T IL ELLI

18 MAY -4 PM 2: 06

#### TRANSMITTAL LETTER

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

SUBJECT:		
Enclosed is an original and one (1) copy of the De	eclaration of Trust and	d a check for:
FEES:		7.0 <b>1</b>
Declaration of Trust	\$350.00	THE T
OPTIONAL:		18 MAY -4 PH 2: 06
Certified Copy	\$ 8.75	: 2:0
FROM:  Name (Printed or Address  City, State &	Zip	

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

ExchangeRight Net Leased Portfolio 22 DST

A De	laware Statutory	TRUST	
	ions of Trust, the un- xchangeRight Net Le		
Delaware	•	e of Trust) This in order to file or qual	lify
(State) ExchangeRight Net Leas	sed Portfolio 22 DST	in the State of FI	•
(Name o	oi Trust)		
1. Two or more persons			16 16
2. The principal address	s is1055 E. Colorad	lo Blvd., Ste. 310 Pasadena	· · · · · · · · · · · · · · · · · · ·
91106			
Corporation Service Con 1201 Hays Street, Tallahas	. ,		
agent to accept service	ce of process for the ed in this affidavit, I agree to act in this c	Emily Croft	n of Trust
<del>-</del>	e association propos  Name:	rrect copy of the Declarates to conduct its business he Board of Trustees	
	Filing Fee: Certified Copy:	\$350.00 \$ 8.75 (optional)	

CR2E063(3/00)

State of Detaware Secretary of State Division of Corporations Delivered 04:21 PM 02/27/2018 FILED 04:21 PM 02/27/2018 SR 20181462878 - File Number 6773772

## STATE of DELAWARE CERTIFICATE of TRUST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

First: The name of the trust is	दहरू.	
ExchangeRight Net Leased Portfolio 22 DST	FI GE	_&
Second: The name and address of the Delaware trustee is	ALC: N	MAY -
Gregory Harrison, Farmers Bank Bldg.,Suite 1410,301 Market Street, Wilmington, Delaware 19801	Ň.	-L PH
Third: (Insert any other information the trustees determine to include there	ein!)	7: 06 
	·	
		1

Name: Gregory Harrison

Typed or Printed