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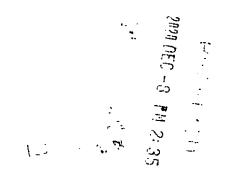
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 12/8/2020

Trans#: 1166052

Entity Name: COVE ESSENTIAL NET LEASE 24 DST

Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion ()	Fictitious Name ()
Foreign Qualification (XX - TRUST)	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	

STATE FEES PREPAID WITH CHECK#2015 FOR \$367.50

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing (XX) Certificate of Fact ()

Phone: 855-498-5500

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

	Cove Essential Net Lease 24 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 Cove Essential Net Lease 24 DST , a	
	Delaware statutory (Name of Trust) Trust hereby affirms in order to file or qualify	
	(State) Cove Essential Net Lease 24 DST in the State of Florida. (Name of Trust)	
	1. Two or more persons are named in the Trust.	
	2. The principal address is 46-E. Peninsula Center Dr. #382	
	Rolling Hills Estates, CA, 90274	
	3. The registered agent and street address in the State of Florida is:	
	17888 67th Court North, Loxahatchee, FL 33470	
	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.	
	Jackiers Lippis Jadre DeFilippis on behalf of In Corp	
	(Signature of Registered Agent) Services, Inc.	
NOTARY PUBLIC REG. # 75135 EXPIRES 3/31/2024	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.	
NOTAH!	Name: Chris Sorenser	
REG. # 75135 EXPIRES	Manager of Sorensen Entity Services LLC, a trustee County/City of Lester and	
MINIMAN WEALTH	Filing Fee: \$350.00 Commonwealth/State of Vicquid The foregoing instrument was subscrib sworn before mathis 3 day of December 2020 by	
	Inamz of person beeking acknowledge	

Inam of person beeking acknowledge

Corn Mar Gun S

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF "COVE ESSENTIAL NET LEASE 24

DST" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE FIFTH DAY OF NOVEMBER, A.D. 2020, AT 3:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID STATUTORY TRUST, "COVE ESSENTIAL NET LEASE 24 DST".



Authentication: 204025816

Date: 11-06-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:23 PM 11/05/2020
FILED 03:23 PM 11/05/2020
SR 20208245436 - File Number 4071536

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		
Second: The name and address of the Delaware tr	ustee is	
Sorensen Entity Services LLC, located at 1201 Wilmington, Delaware 19801-1189.	N. Orange Street, Suite 7044.	
Third: (Insert any other information the trustees	determine to include therein.)	
So	ORENSEN ENTITY SERVICES LLC	
Ву		
	Frustee(8) Chris Sorensen, Manager of Sorensen	
Name	Entity Services LLC, the Delaware trust	