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CT CORPORATION SYSTEM

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

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Phone : (850) 222-1092
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FOREIGN PROFIT QUALIFICATION

CNLRS EQUITY VENTURES II, INC.

Certificate of Status	1
Certified Copy	0
Page Count	07
Estimated Charge	\$78.75

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNLR EQUITY VENTURES II, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam.

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kella Schaible

(Name of Person)

Commercial Net Lease Realty, Inc.

(Firm/Company)

450 South Orange Avenue, Suite 900

(Address)

Orlando, FL 32801

(City/State and Zip code)

For further information concerning this matter, please call:

Kella Schaible

(Name of Person)

at (407) 650-1505

(Area Code & Daytime Telephone Number)

STREET/COURIER 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. CNLRS EQUITY VENTURES II, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. 84-1693514
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/03/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/11/2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 450 South Orange Avenue, Suite 900, Orlando, FL 32801
(Principal office address)

same
(Current mailing address)

8. To acquire, hold, develop, operate, and sell real property
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: PETER F. SOUZA
(Registered agent's signature) **REGISTERED SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Kevin B. Habicht

Address: 450 South Orange Avenue, Suite 900
Orlando, FL 32801

Vice President: Michael D. Iannone

Address: 450 South Orange Avenue, Suite 900
Orlando, FL 32801

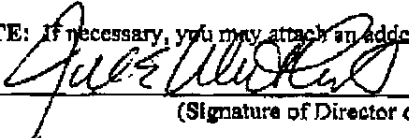
Secretary: Christopher P. Tessitore

Address: 450 South Orange Avenue, Suite 900 Orlando, FL 32801

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Julian E. Whitehurst, Vice President
(Typed or printed name and capacity of person signing application)

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Attachment

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Attachment to Florida

Officers & Directors

1. Full Name: Kevin B. Habicht
Officer/Director: Officer, Director
Officer's Title: Executive Vice President, Treasurer, Assistant Secretary
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
2. Full Name: Craig Macnab
Officer/Director: Officer, Director
Officer's Title: President
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
3. Full Name: Dennis E. Tracy
Officer/Director: Officer, Director
Officer's Title: Executive Vice President
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
4. Full Name: Julian E. Whitehurst
Officer/Director: Officer, Director
Officer's Title: Executive Vice President
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
5. Full Name: Michael D. Iannone
Officer/Director: Officer
Officer's Title: Senior Vice President of Tax
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
6. Full Name: Dawn A. Peterson
Officer/Director: Officer
Officer's Title: Senior Vice President of Accounting
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
7. Full Name: Kella W. Schaible
Officer/Director: Officer
Officer's Title: Assistant Secretary

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Business Address:
City:
State:
ZIP Code:

450 South Orange Avenue, Suite 900
Orlando
FL
32801

8. Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code:

Christopher P. Tessitore
Officer
Secretary
450 South Orange Avenue, Suite 900
Orlando
FL
32801

9. Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code:

Mary Wilkes
Officer
Vice President
450 South Orange Avenue, Suite 900
Orlando
FL
32801

SECRETARY OF STATE
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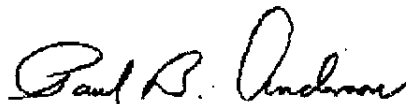
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STATE OF MARYLAND
Department of Assessments and Taxation

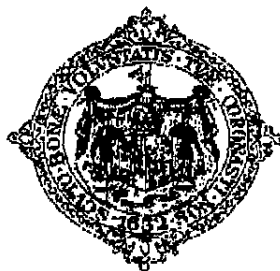
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CNLRS EQUITY VENTURES II, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 10, 2005.



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice
Fax (410) 333-7097

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