Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000260167 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

T11	Address:		
F. III. 24. 1. 1.	ACCIONS:		

Foreign Limited Liability Company Cole CV Naples FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CCT: Cale CV Naples PL, LLC			
		Name of Limited Liability Company		
The en Exister	closed "Application by Foreign Uin ice, and check are submitted to regi	sited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida		
Please	rotura all correspondence concerni	ng this matter to the following:		
	Geri Fath			
		Name of Person		
	Cole CV Naples FL, LLC	Cole CV Naples FL, LLC, c/o Cole Real Estate Investments		
		Firm/Company		
	2555 East Camelback Ro			
		Address		
	Phoenix, A2 85016			
		City/State and Zip Code		
	gfath@colecupital.com			
		address: (to be used for future annual report notification)		
Par fur	ther information concerning this ma	atter, please cail:		
	Geri Fath	at (⁶⁰²) 778-8723		
	Name of Person	Area Code & Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
	Registration Section P.O. Box 6327	Registration Section Cliffon Building		
	Taliahassoc, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclos		ng amount: Filing Fee & \$\int\\$\$155.00 Filing Fee & \$\int\\$\$160.00 Filing Fee, Certificate ate of Status Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Cole CV Naples PL, LLC	
(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C." or "LLC.")
	ose of transacting business in Florida and stach a copy of the written ternate name. The alternate name must include "Limited Liability
2. Dolaward	3. 26-1846527
(Jurisdiction under the law of which foreign limited liability company is organized)	(FRI number, if applicable)
	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in F	lorida if prior to repistration)
(See sections 608.501 & 608.502 F.	S. to determine penalty liability)
7. 2555 Bust Camelback Road, Suits 400	S. to determine penalty liability) S. to determine penalty liability) S. to determine penalty liability) S. to determine penalty liability)
Phoenix, AZ 85016	
(Street Addras	is of Principal Office)
8. If limited liability company is a manager-manage	id company, check here
9. The name and usual business addresses of the ma	三体性です
Cole REIT Advisors III, LLC	
2555 E. Curnelback Road, Suite 400	
Phoenix, AZ 85016	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be sail.)	
11. Nature of business or purposes to be conducted	or promoted in Plorida: Any lawful business or activity
for which limited liability companies may be organized und	for the Plorida Limited Liability Company Act
(752)	
Signature of a member or an a	authorized representative of a member.
	recution of this document constitutes an affirmation under the
	true. I am aware that any false information submitted in a test a third degree falouv as provided for in s.817.155, F.S.)

Todd I. Weiss, Sanior Vice President of Cole REIT Advisors III, LLC, manager
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

l. The name of Cold CV Naples	of the Limited Liability FL, LLC	Company is:		
If unavailable, the alternate to be used in the state of Florida is:				
2. The name a	nd the Florida street ad	dress of the registered agent and office are:		
	C'l' Corporation System			
		(Nane)		
	1200 South Pine Island Re	pad		
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
		City/State/Zip		
liability compa agent and agre relating to the	my at the place designat e to act in this capacity. proper and complete pe	nt and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appaintment as register. I further agree to comply with the provisions of all statutes rformance of my duties, and I am familiar with and accept the dagent us provided for in Chapter 608, Florida Statutes. a System		

\$ 100.00 Filing Fee for Application

Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

\$ 25.00

\$ 30.00 \$ 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COLE CV NAPLES FL, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4902681 8300

101117751

You may verify this certificate online at corp. delaware, cov/subbyer, shoul

AUTHENTICATION: 8377014

DATE: 11-24-10