# M14000000987

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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| W14-9                   | 5888               |             |

Office Use Only



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B. BOSTICK FEB **1 2** 2014

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 999290 7580356

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 10, 2014

ORDER TIME : 3:35 PM

ORDER NO. : 999290-015

CUSTOMER NO: 7580356

#### FOREIGN FILINGS

NAME:

ARCP CNL NET LEASE FUNDING

2001 GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

#### **COVER LETTER**

|              | Registration Section Division of Corporations  |  |   |                     |               |          |               |
|--------------|--|--|---|---------------------|---------------|----------|---------------|
| SUBJECT      | $_{\Gamma:}$ ARCP CNL Net Lease Funding 2  | 2001 GP, LLC   |   |                     |               |          |               |
|              |  | lame of Limited I  | Liability Comp                                    | oany                |               |          |               |
|              | sed "Application by Foreign Limited Lia, and check are submitted to register the   |  |   |                     |               |          |               |
| Please rett  | urn all correspondence concerning this n   | natter to the follo  | wing:   |                     |               |          |               |
|              | Carla A. Thomas  |  |   |                     |               | _        |               |
|              |  | Name o   | f Person  |                     |               |          |               |
|              | American Realty Capital  |  |   |                     |               |          |               |
| Firm/Company |  |  |   |                     |               | -        |               |
|              | 7621 Little Avenue, Suite 200  |  |   |                     |               |          |               |
|              |  | Ado  | lress   |                     |               | -        |               |
|              | Charlotte, NC 28226  |  |   |                     |               |          |               |
|              |  | City/State a   | nd Zip Code                                       |                     |               | -        |               |
|              | cthomas@arlcap.com   |  |   |                     |               |          |               |
|              | E-mail address:  | (to be used for f  | uture annual re                                   | eport notification) | ,             | _        |               |
| For further  | r information concerning this matter, ple  | ease call:   |   |                     |               | 7167     |               |
| A            | Akomea Poku-Kankam   | at   | 704   | 626-4401            | : " !         | ęń       | د رای<br>درای |
| _            | Name of Person   | w  | Area Code   | Daytime Telephon    | e Number      | 0        |               |
| E<br>R<br>P  | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314   | STREET Al<br>Division of C<br>Registration<br>Clifton Build<br>2661 Execut<br>Tallahassee, | Corporations<br>Section<br>ling<br>ive Center Cir | cle                 |               | A 18: 09 | r Am A        |
|              | d is a check for the following amount of the following | ing Fee & 🛮 🗖  | \$155.00 Filing<br>Certified Cop                  |                     | Filing Fee, 6 |          | ite           |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ARCP CNL Net LeaseFunding 2001 GP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 6/20/2013 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 106 York Rd.; Jenkintown PA 19046 (Street Address of Principal Office) 106 York Rd.; Jenkintown PA 19046 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar ARC Properties Operating Partnership, L.P., Lisa Beeson, Authorized Member 106 York Rd.; Jenkintown PA 19046 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) drsa Egles Becom Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Lisa Beeson

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| ARCP CNL I   | Net Lease Funding 2001 GP, L                     | ompany is:                                    |                   |
|--------------|--|---|-------------------|
| If unavailab | le, the alternate to be used in                  | the state of Florida is:                      |                   |
| 2. The name  | e and the Florida street addre                   | ess of the registered agent and office are:   |                   |
|              | Corporation Service Comp                         | pany  |                   |
|              |  | (Name)  |                   |
|              | 1201 Hays Street                                 |   |                   |
|              | Florida Street Address (P.O. Box NOT ACCEPTABLE) |   |                   |
|              | Tallahassee                                      | 32301<br>FL                                   | - 3 - 5<br>- 3 -> |
|              |  | City/State/Zip                                |                   |
|              |  | and to accept service of process for the abov | , " . <b></b>     |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Sue G. Knight
Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "ARCP CNL NET LEASE FUNDING 2001 GP,

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 TENTH DAY OF FEBRUARY,

A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARCP CNL NET LEASE FUNDING 2001 GP, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2013.

5354752 8300

140155305

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1123173

DATE: 02-10-14

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



February 11, 2014

RESUBMIT

Please give original

submission date as file date.

CSC ARPC CNL NET LEASE FUNDING 2001 GP, LLC SUSIE KNIGHT

SUBJECT: ARCP CNL NET LEASE FUNDING 2001 GP, LLC Ref. Number: W14000008888

We have received your document for ARCP CNL NET LEASE FUNDING 2001 GP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 014A00003079