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Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000150385 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone ; (850)222-1092 : (850)878-5368 Fax Number

*Enter the email address for this business entity to be used for future

Foreign Limited Liability Company ARCP MT Orlando FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	S125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section Division of Corporations

TO:

COVER LETTER

SUBJECT: ARCP MT Orlando FL, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Amberization to Transact Business in Florida," Certificate axistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Floridate return all correspondence concerning this matter to the following:	
The state of the boundary of the state of th	
Jannifer Wittmann	
Name of Person	
American Realty Capital Properties	
Firm/Company	
2325 E. Camelenck Road, Suite 1100	
Address	
Phoenix, AZ 85016	
City/State and Zip Code	
jwittmum@aropreit.com E-mail address: (to be used for future served report notification)	
or further information concerning this matter, please call:	
Jennifer Wittmann at (602) 778-6352	
Name of Contact Person Area Code Daytims Telephone Number	
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Registration Section Registration Section P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
nolosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter attenues name adopted for the purpose of transacting business in Florida. The a Liability Company," "LLC," or "LLC.")			
2. Delaware (Fill number company is organized) (Fill number company is organized)	, if applicable)		
4. (Outo first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.E. to determine penalty liability)			
5. 2325 B. Camelback Road, Suito 1100 Phomix, AZ 85016			
(Street Address of Principal Office)			
6. 2325 B. Carnelback Road, Suite 1100	€ ;		
Phoenix, AZ 85016	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u>, , , , , , , , , , , , , , , , , , , </u>	
(Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authority.	ity to menage is/are	JH 23	**************************************
Cole REIT Advisors IV, LLC, 2325 E. Camelback Road, Suite 1100, Phoenix, AZ 85016 -	Manager	32:	, . ,
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8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	ed. (A photocopy is	not	

Todd J. Weiss, General Counsel, Real Estate of Cole REIT Advisors IV, LLC, it's manager
Typed or printed name of signee

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

If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are: CT Corporation Systems (Name) 1200 South Fine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Flantation Flant		ne of the Limited Liability Cor Orlando FL, LLC	тралу іs:	
CT Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation PJ 33324 City/State/Zlp 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. S 100.00 Filling Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	If unavaila	ble, the alternate to be used in	the state of Florida is:	
(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip 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. Signature \$ 100.00 Filling Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	2. The nar	ne and the Florida street addres	ss of the registered agent and office	e are:
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\$ 30.00 Certifled Copy (optional)	liability cor registered a statutes rela accept the a	mpany at the place designated in the cast and agree to act in this casting to the proper and complete obligations of my position as regardless. CT Observation States By: (Signature of Signature of	ad to accept service of process for in this certificate, I hereby accept to pacity. I further agree to comply to performance of my duties, and I splittered agent as provided for in Company to the service of the servi	he above stated limited he appointment as with the provisions of all am familiar with and hapter 605, Florida
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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCP MT ORLANDO 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-THIRD DAY OF JUNE, A.D. 2014.

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

5554710

140870936

You may verify this cortificate enline at corp.delaware.gov/authver.ahtml

TION: 1476846

DATE: 06-23-14