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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. ** 🚍

Email Address:_

Foreign Limited Liability Company ARCP RL Portfolio VII, LLC

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COVER LETTER

| | istration Section islon of Corporations | | | | | | |
|------------------------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------------|--------------|----------------------------------------------|-------------|----------|
| SUBJECT: | ARCP RL Portfolio VII, LL | .c | | | | | |
| Semect. | | Name of Limite | d Liability Company | | | | |
| | "Application by Percign Lim d check are submitted to regis | | | | | | |
| Please return | all correspondence concerning | g this matter to the | following: | | | | |
| | Jennifer Wittmann | | | | | _ | |
| | _ | N | une of Person | | | | |
| | American Realty Capital | Properties, Inc. | | | | | |
| | | Fl | пп/Сошрацу | | | - For | 2014 |
| | 2205 P. Camelhack Book | Project 1 (00 | | | | | <u></u> |
| 2325 E. Camelback Road, Suite 1100 | | | | | | = | |
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| | Phocnix, AZ 85016 | | | | | | |
| | | City/S | tente and Zip Code | | | | <u> </u> |
| | jwittmann@arcpreit.com | | | | | | 聖5:53 |
| | E-mai | address: (to be used | for future annual rep | port notilie | nijon) | ĘĦ | 53 |
| For further in | formation concerning this ma | nter, please call: | | | · | • | |
| Jen | nifer Wirmann | | _at (602 | 778-63 | 52 | | |
| | Name of Contact | Person | Ares Code | Day | ytima Telephone Number | | |
| | ILING ADDRESS: | | T ADDRESS: | | | | |
| | ision of Corporations Istration Section | | n of Corporations ation Section | | | | |
| - | . Box 6327 | | Building | | | | |
| Tall | ahassee, FL 32314 | | xecutive Center Cir ssee, PL 32301 | cle | | | |
| Enclosed is | s a check for the followin | g amount: | | | | | |
| | 125.00 Filing Fee | 0.00 Filing Fee & ificate of Status | □ \$155.00 Pilin Certified Cop | _ | ☐ \$160.00 Filing Fee of Status & Certifi | • | ite |

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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:

| (Name of Poreign Limited Limitary Company; must | include "Limited Liability Company, "L.L.C.," or "LLC." |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| finame unavailable, enter alternate name adopted for the purpose isbility Company," "L.L.C," or "L.L.C,") | e of vansecting business in Florida. The alternate name must include "Limited |
| Delaware | 3 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| (Date first transacted busine | as in Florida, if prior to registration.) |
| | 0905, F.S. to determine penalty liability) |
| American Realty Capital Properties, Inc. | |
| 2325 B. Camelback Road, Suite 1100, Phoenix, AZ 85 | 016 |
| | dross of Principal Office) |
| American Realty Capital Properties, Inc. | |
| | |
| 2325 E. Camelback Road, Suite 1100, Phoenix, AZ 85 | 016 Mailing Address) |
| (1 | Mailing Address |
| • | ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± |
| | 유민 유 |
| 7. The name, title or capacity and address of the | person(s) who has/have authority to manage is/ares 5 |
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| . The name, title or capacity and address of the | person(s) who has/have authority to manage is/ares 5 |
| 7. The name, title or capacity and address of the cole REIT Advisors III, LLC, Manager, 2325 E. Camelo. | person(s) who has/have authority to manage is/are: |
| The name, title or capacity and address of the cole REIT Advisors III, LLC, Manager, 2325 E. Camelo. Attached is an original certificate of existence, | person(s) who has/have authority to manage is/are: |
| The name, title or capacity and address of the cole REIT Advisors III, LLC, Manager, 2325 E. Camelo. Attached is an original certificate of existence, aving custody of records in the jurisdiction under | person(s) who has/have authority to manage is/are: ack Road, Suite 1100, Phoenix AZ 85016 no more than 90 days old, duly authenticated by the officing the law of which it is organized. (A photocopy is not |
| The name, title or capacity and address of the ole REIT Advisors III, LLC, Manager, 2325 E. Camelo. Attached is an original certificate of existence, aving custody of records in the jurisdiction under coptable. If the certificate is in a foreign language | person(s) who has/have authority to manage is/are: |
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| 7. The name, title or capacity and address of the Cole REIT Advisors III, LLC, Manager, 2325 E. Camelba. Attached is an original certificate of existence, aving custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language must be submitted) Signature | person(s) who has/have authority to manage is/are: ack Road, Suite 1100, Phoenix AZ 85016 no more than 90 days old, duly authenticated by the officing the law of which it is organized. (A photocopy is not |
| 7. The name, title or capacity and address of the Cole REIT Advisors III, LLC, Manager, 2325 E. Camelba. Attached is an original certificate of existence, aving custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language must be submitted) Signature on accordance with section 605,0203, F.S., the execution of this document is accordance with section 605,0203, F.S., the execution of this document is accordance with section 605,0203, F.S., the execution of this document is accordance with section 605,0203, F.S., the execution of this document is accordance with section 605,0203, F.S., the execution of this document is accordance with section 605,0203, F.S., the execution of this document is accordance. | person(s) who has/have authority to manage is/are: ack Road, Suite 1100, Phoenix AZ 85016 no more than 90 days old, duly authenticated by the officing the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translation of an authorized person at constitute an affirmation under the penalties of perjury that the facts stoted berein as |

FLC37 - 01 34/2014 Wolters Kinner Onless

1. The name of the Limited Liability Company is:

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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 RL Por | tfolio VII, LLC | | | |
|-------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| If unavailab | le, the alternate to be u | sed in the | state of Florida is: | |
| 2. The name | e and the Florida street | t address o | f the registered agent and office are: | Fa |
| | C T Corporation Sys | tem | | |
| | | | (Name) | |
| | 1200 South Pine Isla | nd Road | | |
| | Florida | a Street Addr | ress (P.O. Box NOT acceptable) | |
| | Plantation | | FI_33324 | te su |
| | | | City/State/Zip | _ |
| liability com registered as statutes rela | pany at the place desig gent and agree to act it ting to the proper and t | gnated in the on this capac complete po on as regist | Jan M De Assista | nment as provisions of all lar with and |
| | | . 3 | <i>v</i> - | |
| | | \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional) | |

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ARCP RL PORTFOLIO VII, 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 ELEVENTH DAY OF JULY, A.D. 2014.

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

5542611 8300

140947293

You may verify this certificate enline at corp.deleware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

THENTY CATION: 1529509

DATE: 07-11-14