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ACCOUNT NO. : I2000000195

REFERENCE : 271783 7580356

AUTHORIZATION /

COST LIMIT !/

\$_125.00

ORDER DATE: August 26, 2014

ORDER TIME : 2:51 PM

ORDER NO. : 271783-075

CUSTOMER NO: 7580356

FOREIGN FILINGS

NAME: ARHC LDSPGFL01, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

Registration Section

Div	ision of Corporations					
SUBJECT:	ARHC LDSPGFL0	1, LLC				
		Name of	Limited Liability Comp	pany		
				tion to Transact Business in Floridated liability company to transact bus		
Please return	all correspondence co	oncerning this matter to	the following:			
	Erin Corbett					
			Name of Person		_	
	American Realty	y Capital				
			Firm/Company		-	
	7621 Little Avenue; Suite 200					
			Address			
	Charlotte NC 28	3226				
		City	//State and Zip Code		•	
	ecorbett@arlcap	o.com				
	I	E-mail address: (to be u	sed for future annual re	eport notification)	_	
For further in	nformation concerning	this matter, please call:				
Jes	se C. Galloway		at (626-4399		
	Name of	f Person	Area Code	Daytime Telephone Number	_	
Divi Reg P.O	ision of Corporations istration Section . Box 6327 ahassee, FL 32314	Divi Regi Clift 2661	sion of Corporations istration Section on Building Executive Center Circanassee, FL 32301	cle		
	s a check for the fo	ollowing amount: \$130.00 Filing Fee & Certificate of Status	~			

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: ARHC LDSPGFL01, 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) 8/26/2014 (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) 6. 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/are: American Realty Capital Healthcare Trust II Operating Partnership LP; its sole member

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.)

Signature of an authorized person

(In accordance with section 605.0203, F.S., 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.)

Jesse C. Galloway, Authorized Signer

106 York Rd., Jenkintown PA 19046

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.

1. The nam	e of the Limited Liability	Company is:	
ARHC LDSF	PGFL01, LLC		
If unavailab	ole, the alternate to be used	in the state of Florida is:	2014 All STICKS
2. The nam	e and the Florida street add	dress of the registered agent and office are:	AUG 29 1
Corporation Service Company			FLORE ST
	(Name)		ATE RIDA
	1201 Hays Street		<i>v</i>
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
	City/State/Zip		
_	9	t and to accept service of process for the above st ed in this certificate, I hereby accept the appointm	

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.

Corporation S	Service/Con	прану			
BV: (NILL)		Hsst	VP		
		(Signature)	•		_

\$ 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 "ARHC LDSPGFL01, 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-NINTH DAY OF AUGUST, 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 "ARHC LDSPGFL01, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2014.

5592802 8300

141125886

AUTHENTICATION: 1659057

DATE: 08-29-14

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