

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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#### Foreign Limited Liability Company ARCP FD Portfolio XV, LLC

Certificate of Status	0
Certified Copy	0
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#### **COVER LETTER**

SUBJECT:	ARCP FD Partfolio XV, LLC				
_	Name of	Limited Liability Comp	any		
			ion to Transact Business in Florida." Certificate of ed liability company to transact business in Florida		
Please return a	all correspondence concerning this matter to	the following:			
	Carla A. Thomas				
		Name of Person			
	American Realty Capital Properties, Inc.				
	Firm/Company				
	7621 Little Avenue; Suite 200				
		Address			
	Charlotte NC 28226				
	Cit	y/State and Zip Code			
	cthomas@arcpreit.com				
	E-mail address: (to be	used for future annual r	eport notification)		
For further inf	formation concerning this matter, please call	•			
Ako	mea Poku-Kankam	704	626-4401		
	Name of Person	Area Code	Daytime Telephone Number		
Divis Regi P.O.	Sion of Corporations	REET ADDRESS: ision of Corporations istration Section iton Building 1 Executive Center Cir lahassee, FL 32301	ele		
	s a check for the following amount: 125.00 Filing Fee		=		

# 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 FD Portfolio XV, 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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2325 E. Camelback Road, Sulte 1100 Phoenix AZ 85016 (Street Address of Principal Office) 6. 2325 E. Camelback Road, Suite 1100 Phoenix AZ 85016 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Cole REIT Advisors IV, LLC - MRG 2325 E. Camelback Road, Suite 1100 Phoenix AZ 85016 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., 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 fulse 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

Akomea Poku-Kankam

# 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 name o	f the Limited Liability	Company is:	
ARCP FD Portf	olio XV, LLC		
If unavailable,	the alternate to be used	in the state of Florida is:	TO HOE
2. The name a	nd the Florida street ad	dress of the registered agent and office are:	THE SERVICE OF THE PROPERTY OF
	CT Corporation System	n	70 00
		(Name)	
	1200 S. Pine Island Ro	pad	2
Florida Street Address (P.O. Bux NOT ACCEPTABLE)		_	
	Plantation	FL 33324-4413	
	<del>,,</del> ,	City/State/Zip	<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.

CT Corporation System		
By: The state of t	Mike Jones - Asst.	Secy.
(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

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCP FD PORTFOLIO XV, 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 FIRST DAY OF DECEMBER, A.D. 2014.

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

*5642003 · 8300* 

141465647

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

AUTHENTICATION: 1906711

DATE: 12-01-14