(Reques	stor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	
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DEC 16 2014
J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

NNN Collateralized Senior Notes, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jennifer Connolly

Name of Person

NNN Collateralized Senior Notes, LLC

Firm/Company

6750 N. Andrews Avenue, Suite 200

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

iconnolly@daymarkra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Connolly

Name of Contact Person

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. NNN Collateralized Senior (Name of Foreign Limited Liability)	y Company; must include "Limited Liability Company," "L.L.C.,	" or "LLC.")
(If name unavailable, enter alternate name adopte Liability Company," "L.L.C," or "LLC.")	ed for the purpose of transacting business in Florida. The alternate	e name must include "Limited
_{2.} Delaware	_{3.} 20-5222719	
(Jurisdiction under the law of which foreign li company is organized)	mited liability (FEI number, if app	olicable)
4		
(Date first (See sections	transacted business in Florida, if prior to registration.) 605.0904 & 605.0905, F.S. to determine penalty liability)	<u></u>
5. 6750 N. Andrews Avenue, Suite 200		SECTION SECTIO
Fort Lauderdale, FL 33309		
(Street Address of Principal Office) 6. 6750 N. Andrews Avenue, Suite 200		74 C
6. 0750 N. Andrews Ave	nue, Suite 200	<u>\$</u>
Fort Lauderdale, FL 3	3309	ATENTION 57
	(Mailing Address)	
7. The name, title or capacity and ac	ddress of the person(s) who has/have authority to	manage is/are:
NNN Realty Investors, L	LC - Managing member	
110 East Broward Boule	evard, Suite 1700	
Fort Lauderdale, FL 333	801	
having custody of records in the juris	of existence, no more than 90 days old, duly authorized under the law of which it is organized. (A reign language, a translation of the certificate under	A photocopy is not

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.)

Robert K. Sparks for NNN Realty Investors

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.

	of the Limited Liability Co ollateralized Ser	• •	
If unavailabl	e, the alternate to be used in	the state of Florida is:	
2. The name	and the Florida street addre	ess of the registered agent and office are:	DIV'S
	Corporation Service Company		ISION DEC
		(Name)	- PAR
	1201 Hays St	reet	PA PA
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		3. T
	Tallahassee	FI. 32301	7

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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.

City/State/Zip

(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 "NNN COLLATERALIZED SENIOR NOTES,
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 EIGHTH DAY OF DECEMBER,
A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN COLLATERALIZED SENIOR NOTES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4189798 8300

141504131

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 1935020

DATE: 12-08-14

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