## The Department of Since 3

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To: From:	Division of Corporations 'Fax Number : (850)617-6383		011307
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-3842 Fax Number : (850)878-5368	*	PH 4:0
	ne email address for this business entity to be use al report mailings. Enter only one email address p l Address:		ၘထ
	Foreign Limited Liability Company NNN Athletic II MD LLC		Nguyay garan dibudan Ma <u>n</u>

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## COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	NNN Athletic II MD LLC						
505000		Limited Liability (	Company	_			
	osed "Application by Foreign Limited Liability Compe, and check are submitted to register the above reference."						
Please re	eturn all correspondence concerning this matter to the	following:					
	Corporate Paralegal						
	. N	ame of Person		_			
	National Retail Properties, Inc.						
	F	irm/Company		<del></del>			
	450 South Orange Avenue, Suite 900	450 South Orange Avenue, Suite 900					
	***************************************	Address		_			
	Orlando, FL 32801						
	City/S	tate and Zip Code					
	E-mail address: (to be use	d for future annual	report notification)	_			
For furth	ner information concerning this matter, please call:		,				
			:	ರ∽ ≠			
	Name of Contact Person	at ( Area Code	_) Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	1100	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ALLES TO ME OF			
	1 is a check for the following amount:  \$\sum \$125.00\$ Filing Fee \$\sum \text{Certificate of Status}\$	□ \$155.00 Filir Certified Copy					

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

IN COMPLIANCE WITH SECTION 618,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NNN Athletic II MD LI (Name of Fore	ign Limited Liability Company, must include "I	.imited Liability Company," 'T. L.C.," or "I	I.C.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of transact	ing business in Florida. The alternate name	must include "Limited
2. Delaware	2	01- ANI-311-1	
(Jurisdiction under the law company is organized)	of which foreign limited liability	81-406316 (FEI number, if applicable)	
4. October 4, 2016			
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. t	a, if prior to registration.) to determine penalty fiability)	
5. 450 South Orange Ave			
Orlando, FL 32801	70.		
ASA Cough Orange Ave	(Street Address of Principal Of	nce;	
6. 450 South Orange Ave	nue, sauce 900		
Orlando, FL 32801			
	(Mulling Address)		
7. Name and street address	as of Florida registered agent: (P.O. Box N	OT acceptable)	<b>39 6</b>
Name:	C T Corporation System		E S T
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
	(City)	(Zip ende)	
designated in this applicate complywith the provisi	egistered agent and to accept service of provious, I hereby accept the appointment as reons of all statutes relative to the proper and my position as registered agent.  CT Corporation System By:	rgistered agent and agree to act in this	s capacity. I further agree and I am familiar with and Iden
	(Registered agent's	s signature)	
·	acity and address of the person(s) who has/h	nave authority to manage is/are:	
See attached			<del></del>
			<del></del>
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, du of which it is organized. (If the certificate is ubmitted)  Signature of an author	s.in a foreign language, a translation of	austody of records in the the certificate under oath
	ř	<u>.</u>	Colon in Compation
This document is executed submitted in a document to	d in accordance with section 605,0203 (1) (to the Department of State constitutes a third	degree felony as provided for in s.817.	155, F.S.
	Christopher P. Tessitore	<b>★</b>	9

Typed or printed name of signee

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Christopher P. Tessitore, EVP of NNN GP Corp., general partner of National Retail Properties, LP, sole member of NNN Athletic II HOLDCO LLC, sole and managing member of NNN Athletic II MD LLC, 450 South Orange Avenue, Suite 900, Orlando, FL 32801

Kevin B. Habicht, EVP of NNN GP Corp., general partner of National Retail Properties, LP, sole member of NNN Athletic II HOLDCO LLC, sole and managing member of NNN Athletic II MD LLC, 450 South Orange Avenue, Suite 900, Orlando, FL 32801

Paul E. Bayer, EVP of NNN GP Corp., general partner of National Retail Properties, LP, sole member of NNN Athletic II HOLDCO LLC, sole and managing member of NNN Athletic II MD LLC, 450 South Orange Avenue, Suite 900, Orlando, FL 32801

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN ATHLETIC II MD 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 TENTH DAY OF OCTOBER, A.D. 2016.

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

6150216 8300

SR# 20166139032 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203135536

Date: 10-10-16