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D SCOTT NOV 29 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 929184 8142135

AUTHORIZATION :]

COST LIMIT : \$\int_125.00

ORDER DATE: November 27, 2017

ORDER TIME : 11:02 AM

ORDER NO. : 929184-015

CUSTOMER NO: 8142135

FOREIGN FILINGS

NAME: EXCHANGERIGHT NLP 19 MASTER

LESSEE, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

	Registration Section Division of Corporation	ns				
SUBJEC	ExchangeRight NLI	P 19 Master Lessee, LLC				
JOINTEC		Name of	f Limited Liability	Company		-
The enclo Existence	osed "Application by For e, and check are submitte	eign Limited Liability Cond to register the above refe	ipany for Authoriza renced foreign limi	ation to Ti ted liabili	ransact Business in Florida, ty company to transact busi	." Certificate of iness in Florida
Please re	turn all correspondence c	concerning this matter to the	e following:			
	****)	Name of Person			_
		F	Firm/Company			-
			Address			-
		City/S	State and Zip Code			-
		E-mail address: (to be use	ed for future annual	report no	tification)	-
For furthe	er information concerning			·	·	ა -
		-	at ()		
	Name o	f Contact Person	Area Code	Day	ytime Telephone Number	•
<u>1</u> 1	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	FADDRESS: of Corporations ion Section Building coutive Center Circle see, FL 32301	ا
	is a check for the followi □ \$125.00 Filing Fee	ing amount: \$\Boxed\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

une unavailable, enter alternate n	unic adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "L.L.C."
Delaware		3	
Chrisdiction under the law of w	high foreign funsted liability company is organized)	() El nun	iber, if applicable)
	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) (ne penalty liability)	
200 S. Los Robles Ave		6. 200 S. Los Robles Ave., S	Ste. 210
(Street Address of F Pasadena, CA 91101	rincipal (trice)	Pasadena, CA 91101	dress)
•			
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company	··-	
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301 (Zip co	
	(City)	(Zip co	(le)
	Corporation Service Company By: (Registered agent's	HIMML JUM	Roxanne:Turner <u>\Ass</u> t. Vice:Preside
	By: (Registered agent's city and address of the person(s) who ha	s/have authority to manage is/are:	<u> Ass</u> t. Vice Preside
Title or Capacity:	City and address of the person(s) who has Name and Address:	7	Asst. Vice Preside
	Ey: (Registered agent's city and address of the person(s) who ha Name and Address: Warren Thomas	s/have authority to manage is/are:	<u> Ass</u> t. Vice Preside
Title or Capacity:	City and address of the person(s) who has Name and Address:	s/have authority to manage is/are:	<u> Ass</u> t. Vice Preside
Title or Capacity:	By: (Registered agent's city and address of the person(s) who han Name and Address: Warren Thomas 200 S. Los Robles Ave.	s/have authority to manage is/are:	<u> Ass</u> t. Vice Preside
Title or Capacity:	By: (Registered agent's city and address of the person(s) who han Name and Address: Warren Thomas 200 S. Los Robles Ave.	s/have authority to manage is/are:	<u> Ass</u> t. Vice Preside
Title or Capacity: Managing Member	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101	s/have authority to manage is/are:	<u> Ass</u> t. Vice Preside
Title or Capacity: Managing Member se attachments if necess Attached is a certificate	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101	Shave authority to manage is/are: Title or Capacity: duly authenticated by the official has	Name and Address:
Managing Member Se attachments if necess Attached is a certificate sdiction under the law of	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	Shave authority to manage is/are: Title or Capacity: duly authenticated by the official has	Name and Address:
Managing Member Managing Member se attachments if necess Attached is a certificate sdiction under the law on the translator must be su	Edity and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)	duly authenticated by the official had is in a foreign language, a translat	Name and Address: Name and Address: aving custody of records in tion of the certificate under
Managing Member Managing Member se attachments if necess strached is a certificate sdiction under the law one translator must be su This document is execut	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	duly authenticated by the official had is in a foreign language, a translate (1) (b). Florida Statutes, I am awai	Name and Address: Name and Address: aving custody of records in tion of the certificate under
Managing Member Se attachments if necess Attached is a certificate sdiction under the law on the translator must be sufficient to the translator must be suffi	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate britted) atted in accordance with section 605.0203 the Department of State constitutes a thi	duly authenticated by the official had is in a foreign language, a translated by the official had is in a foreign language, a translated by the official had is in a foreign language.	Name and Address: Name and Address: aving custody of records in tion of the certificate under
Title or Capacity: Managing Member Ise attachments if necess Attached is a certificate isdiction under the law other translator must be sufficient to the december of the comment is executed to the comment is executed.	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate britted) atted in accordance with section 605.0203 the Department of State constitutes a thi	duly authenticated by the official had is in a foreign language, a translate (1) (b). Florida Statutes, I am awai	Name and Address: Name and Address: aving custody of records in tion of the certificate under
Title or Capacity: Managing Member Ise attachments if necess Attached is a certificate isdiction under the law other translator must be sufficient to the december of the comment is executed to the comment is executed.	By: (Registered agent's city and address of the person(s) who has Name and Address: Warren Thomas 200 S. Los Robles Ave. ste. 210 Pasadena CA 91101 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate britted) atted in accordance with section 605.0203 the Department of State constitutes a thi	duly authenticated by the official had is in a foreign language, a translated by the official had is in a foreign language, a translated by the official had is in a foreign language.	Name and Address: Name and Address: aving custody of records in tion of the certificate under



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EXCHANGERIGHT NLP 19 MASTER LESSEE,

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-SEVENTH DAY OF NOVEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXCHANGERIGHT NLP 19 MASTER LESSEE, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203632880

Date: 11-27-17