6/7/2018

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Division of Corporations

Florida Department of State

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	Fax Number : (850)617-6383 기준의 기준의 기준의
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	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (514)280-3338
	Fax Number : (954)208-0845

il Address:_____

Foreign Limited Liability Company Cole HE Fort Myers FL, LLC

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THE REPORT OF THE PARTY OF THE

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

	INDIVIDUAL DESIGNATION OF FLORIDA:		
(Name of Fereign	., LLC Emited Liability Company; must include 'Limited	Linbility Company," "L.L.U.," or "LLU.	.)
(if name unavailable, emer alternate n	sine adopted for the purpose of transacting business in Flux	his. The alternate same must include "Limited L	ishility Company," "L.L.C," or "L.C.")
2 Delaware			neer, if applicable)
(Jurisdiction under the law of w	arch foreign limited hability company is organized)	(FE) our	nter, if applicable)
4 June 13, 2018			···
	(Date tirst transported business in Florida, if prim to (See sections 605.0904 & 605.0905, P.S. to determine	ne pentusy raminiy)	
5. 2325 E. Camelback Ro	oad, 10th Floor	6. 2325 E. Camelback Road, 10th Floor (Melling Address)	
(Street Address of)	Sincipal Office)	Phoenix, AZ 85016	Rucs)
Phoenix, AZ 85016			70 3
			<u>ALC</u> 200
w sttt oddaa.	ss of Florida registered agent: (P.O. Box	NOT acceptable)	JUN —
/. Name and street addres		<u></u>	SSS
Name:	C T Corporation System	Bard Myster Screen	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324 (Zipe	(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Registered agent's accep	(City)	(Zip c	ode)
designated in this applicate to comply with the provis	stance: egistered agent and to accept service of ation, I hereby accept the appointment actions of all statutes relative to the properts of my position as registered agent. C T Corporation System	and complete performance of m	
	(Rogiste ed agent's		
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who h Name and Address:	as/have authority to manage is/are <u>Title or Capacity:</u>	Name and Address:
Manager	Colc Real Estate Income		· · · · · · · · · · · · · · · · · · ·
	Strategy (Daily NAV) Advisors, LLC		
	2325 E. Camelback Rd.		
	10th Floor Phoenix, AZ 85016		
(Use attachments if nece			
Attached is a certificat jurisdiction under the law of the translator must be	e of existence, no more than 90 days old, r of which it is organized. (If the certifical submitted)	, duly authenticated by the official ite is in a foreign language, a trans	having custody of records in the lation of the certificate under oath
10. This document is exe submitted in a document	cuted in accordance with section 605.020 to the Department of State constitutes a plant of State constitutes and State constitute constitutes a plant of State constitutes and State constitutes		
	Sipnat	re of an authorized person	
	Michael Komenda, Authorized Office	or printed name of signife	1 Mar Not 1 Mar 1

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "COLE HE FORT MYERS FL, 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 SEVENTH DAY OF JUNE, A.D. 2018.

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

6884544 8300

SR# 20185024827

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

Authentication: 202839688

Date: 06-07-18