M18000011455

(Requestor's Name)
(Address)
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·
(City/State/Zip/Phone #)
(Orty/Otale/Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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DEPARTMENT CORPORATIONS
DIVISION OF CORPORATIONS
TALL ANASSET FREARIDA

CD

O SIMMONS DEC 20 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95
	REFERENCE	: 538629	8143758
I	AUTHORIZATION	: Syrettelle	Man
	COST LIMIT	: \$\frac{1}{125'.00}	
ORDER DATE : Dec	cember 12, 2018	8	
ORDER TIME : 12	22 PM		
ORDER NO. : 538	3629-010		
CUSTOMER NO:	8143758		
-	. 		
	FOREIGN F	ILINGS	
NAME:	ARG FMGFBFL00	l, LLC	
XXXX QUALIFICATI	ON (TYPE: <u>L</u>	<u>L</u>)	
PLEASE RETURN THE	FOLLOWING AS	PROOF OF FILI	NG:
CERTIFIEI XX PLAIN STA		Anding	

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ARG FMGFBF	FL001, LLC				
		Name of t	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence c	oncerning this matter to the	following:			
		Carla A	. Thomas			
		Na	ame of Person			
		AR G	obal			
		Fi	rm/Company			
7621 Little Ave Ste 200						
			Address			
		Charlotte, N				,
		•	ate and Zip Code			
		E-mail address: (to be used	r-global.com	report not	ification)	
For further in	iformation concerning	g this matter, please call:			,	
	Anita Barr Name o	f Contact Person	at (<u>704</u> Area Code		7-4942 time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			STREET Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section	
	check for the following fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SECTE OF FLORIDA:

. ARG FMGFBFL001, 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. The alternate nar Liability Company," "L.L.C," or "LLC.")	ne must include "Limited
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized))
4. 12/20/2018	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_
5. 7621 Little Ave Ste 200	- 6
Charlotte, NC 28226	. - -)
(Street Address of Principal Office)	- اندن اندن
6. <u>Same</u>	
	<u> </u>
(Mailing Address)	- ^ζ ω
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	52
Name: Corporation Service Company	
4204 University	
Office Addition	
Tallahassee , Florida 32301 (City) (Zip code)	-
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I with the provisions of all statutes relative to the proper and complete performance of my duties, and I are the obligations of my position as registered agent. Corporation Service Company Emily Croft (Registered agent's signature) ASSI. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc.	further agree to comply n familiar with and accept
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc.	
American Finance Operating Partnership, L.P.; Manger	
405 Park Ave	
New York, NY 10022	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	f the certificate under oath
Signature of an authorized person	_
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a document to the Depart degree felony as provided for in s.217.155, F.S.)	the penalties of perjury that iment of State constitutes a third

Michael R. Anderson
Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARG FMGFBFL001, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARG FMGFBFL001, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2018.

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

at som delaware gov/auti

Authentication: 204099277

Date: 12-14-18