## M24000011932

	(Requestor's Name)
	(Address)
	(Address)
·	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	•
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u> </u>	··

Office Use Only



400436310644

2624 St. - 1.7 F.11 6: 45

RECEIVED 2024 SEP 17 PH 3: 31

SSP 1.7 2024 < Stumbley



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 09/17/24 Order #: 1626298-1

Re: Realty Income Properties 7, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1200 - FL State Account Number:

Delsman

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

•	•	
TO:	Registration Section Division of Corporations	! !
SUBJEC	Realty Income Properties 7, LLC	i
		Name of Limited Liability Company
		ility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please re	turn all correspondence concerning this ma	tter to the following:
		Name of Person
		Pi(C)
		Firm/Company
		Address
		City/State and Zip Code
	E-mail address: (	to be used for future annual report notification)
For furth	er information concerning this matter, pleas	se call:
	,	at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	Enclosed is a check for the following amou Please make check payable to: FLORIDA  ☐ \$125.00 Filing Fee  \$130.00 Filin Certific	DEPARTMENT OF STATE

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

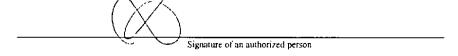
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THÉ FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware  (Jurisdiction under the law of w			
(Jurisdiction under the law of w			
	hich foreign limited liability company is organized)	3(FEI number	er, if applicable)
Upon filing.			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ine penalty liability)	<del></del>
11995 El Camino Real		11995 El Camino Real	
street Address of Principal Office)		6. (Mailing Address)	
San Diego, CA 92130		San Diego, CA 92130	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2024 S.
Name and street address Name:	ss of Florida registered agent: (P.O. Box  Corporation Service Company	NOT acceptable)	2024 SEP 1.7
		NOT acceptable)	2024 SEP 1 7 PM 6
Name;	Corporation Service Company	NOT acceptable)  32301	2024 SEP 1 7 PM 6: 4:5

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

fitle or Capacity:	Name and Address:	Title or Capacit	<u>V:</u>	Name and Address:
■Manager	Name:Realty Income Corporation	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	San Diego, CA 92130	□Authorized		
Person		Person		
□Other	Other	□Other	·····	□Other
DManager	Name:	□Manager	Name:	
∃Member	Address:	□Member	Address:	
JAuthorized		□Authorized		
Person		Person	<del></del>	
□Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
∃Member	Address:	□Member	Address:	
Authorized		□Authorized	<del> </del>	<del></del>
Person		Person		
□Other	Other	□Other		□Other

- of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.



Realty Income Corporation, its Manager, Bianca Martinez, Asst. Sec.

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "REALTY INCOME PROPERTIES 7, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REALTY INCOME PROPERTIES 7, LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2011.

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



Authentication: 204408026

Date: 09-17-24