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(Requestor's Name)

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(City/State/Zip/Phone #)

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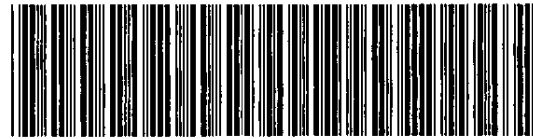
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L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 27 AM 10:34

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aliance Management Company, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brigitte Moran, Paralegal
Name of Person

Bingham Greenebaum Doll LLP
Firm/Company

3500 National City Tower, 101 South 5th Street
Address

Louisville, Kentucky 40202
City/State and Zip Code

cragains@alianceent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigitte Moran, Paralegal at (502) 588-4025
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy



Brigitte Moran, Corporate Paralegal

Direct: 502-588-4025 | Fax: 502-588-1325

E-mail: bmoran@bgdlegal.com

Via UPS Next Day Air Service
1Z 413 431 13 9056 6321

June 25, 2012

Leslie Sellers
Regulatory Specialist II
Florida Department of State
2661 Executive Center Circle
Tallahassee, FL 32301-5020

RE: QUALIFICATION OF ALIANCE MANAGEMENT COMPANY, LLC IN FLORIDA

Dear Ms. Sellers:

Pursuant to our telephone conversation of June 20, 2012 I am returning to your attention the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Alliance Management Company, LLC, an Indiana limited liability company. As we discussed the name contains only one L and therefore is not identical to the current entity of record with two L's. We respectfully ask that the enclosed Application be processed as requested. In addition, if allowed by law please assign the filing date of June 15, 2012, the date which the Application was initially processed.

Sincerely,

A handwritten signature in black ink that reads "B Moran".

Brigitte Moran

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3500 National City Tower, 101 South Fifth Street
Louisville, KY 40202

502.589.4200 main

502.587.3695 fax

www.bgdlegal.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2012

BRIGITTE MORAN
BINGHAM GREENEBAUM DOLL LLP
3500 NATIONAL CITY TOWER, 101 S 5TH STRE
LOUISVILLE, KY 40202

SUBJECT: ALLIANCE MANAGEMENT COMPANY, LLC
Ref. Number: W12000032547

We have received your document for ALLIANCE MANAGEMENT COMPANY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 012A00016791

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aliance Management Company, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Indiana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 25, 1999 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 300 Professional Court, Suite 200
New Albany, Indiana 47150
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
Anne M. Ragains, Manager

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____
to provide management services and serve as a holding company

Anne M. Ragains
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Anne M. Ragains, Manager
Typed or printed name of signee

FILED
12 JUN 27 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Aliance Management Company, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Capitol Corporate Services, Inc.

(Name)

155 Office Plaza Drive, Suite A

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Deanie Case asst. sec.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

ALIANCE MANAGEMENT COMPANY, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 25, 1999, and was in existence or authorized to transact business in the State of Indiana on June 11, 2012.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eleventh Day of June, 2012.

Connie Lawson

Connie Lawson, Secretary of State

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TALLAHASSEE, FLORIDA