C T Corporation System		
Requestor's Name 660 East Jefferson Street  Address Tallahassee, FL 32301 (850) 222-1092		3000030698630 -12/14/9901090017
		****125.00 ****125.00
City State Zip	Phone	~~~~~~~~~~~~~~~~
CORPORATIO	N(S) NAME	3000030698630 -12/14/9901090020 ****385.00 *****35.00
		99 TAL
FOA 7	ampa LLC	DEC -
( ) Profit	To add 4 . 2	FD Y OF S: EE, FL
( ) NonProfit	() Amendme	ent () Meger යා ටිබ් ල
( Limited Liability Compar Proreign	() Dissolution	on/Withdrawal () Mark univ
() Limited Partnership () Reinstatement	() Annual R () Reservati	
Certified Copy	() Photo Co	
() Call When Ready  Walk In () Mail Out	() Call if Pro () Will Wait	oblem () After 4:30 1 0 Pick Up Pick STA
Name Availability	12/14	PLEASE RETURN EXTRA COPY(S)  FILE STAMPED
Document Examiner		LITTE STAMMED
Updater		THANK YOU! CONNIE BRYAN
Verifler		
Acknowledgment		

W.P. Verifier

## 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)	Name of foreign	limit	ed liability company)				-
Delaware			<b>3</b> 5	2-2204963				
(Jurisdiction under company is organized	the law of which foreign l zed)	imited liability	~· _	( FEI num	ber, if applicable	e)		-
November 19, 19	099 te of Organization)	<del></del> . <u>-</u>	5. <u>I</u>	erpetual (Duration: Year limite	d lightlity compa	ne will oa	aca to	-
(Da	te of Organization)			exist or "perpetual")	и паонну сонца	my will cea	186 10	
December 20, 19						VI S	ယ	
(D	ate first transacted busines	s in Florida. (See	e sec	tions 608.501, 608.502	, and 817.155, F	s.) 🗀	9	-
c/o Alliance Com	nmercial Holdings II, LLC	, Union Tower, S	Suite	380, 165 South Union	Blvd., Lakewood	A. (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5		- =
						<u> </u>	ţ-	_ [T
		(Street address	sofp	rincipal office)		F-E-S	32	
If limited liabil	lity company is a man	ager-managed	l con	npany, check here [		TATE	ယ ()	
The usual busin	ness addresses of the r	managing mer	nbei	rs or managers are a	s follows:		~	
c/o Alliance Cor	nmercial Holdings II, LLC	L. Union Tower,	Suite	380, 165 S. Union Blv	d., Lakewood, C	Colorado 80	0228	-
			. <b></b>					-
								-
								<b>-</b>
								-
Attached in on our	ainal contificate of evictors	no incita thou 00	) days	ald dilyandantintal	hvetha affiaíal ha		<b>1</b>	-
•	ginal certificate of existence	•	•		•	~	-	- - xcom
e jurisdiction under t	ginal certificate of existence the law of which it is organicate under oath of the trans	zed. (A photocop	py is 1	not acceptable. If the cen	•	~	-	- - xcorc
e jurisdiction under t inslation of the certif	the law of which it is organicate under oath of the trans	zed. (A photocop slator must be sub	py is i omitte	not acceptable. If the cent.)	tificate is in a for	eign langua	ige, a	- - xcord
e jurisdiction under t inslation of the certif	he law of which it is organi	zed. (A photocop slator must be sub	py is i omitte	not acceptable. If the cent.)	tificate is in a for	eign langua	ige, a	- - -
e jurisdiction under t nslation of the certif Nature of bus	the law of which it is organicate under oath of the trans	zed. (A photocop slator must be sub	py is i omitte	not acceptable. If the cent.)	tificate is in a for	eign langua	ige, a	- - - -
e jurisdiction under t inslation of the certif	the law of which it is organicate under oath of the trans	zed. (A photocop slator must be sub	py is i omitte	not acceptable. If the cent.)	tificate is in a for	eign langua	ige, a	- - -
e jurisdiction under t nslation of the certif Nature of bus	the law of which it is organicate under oath of the trans	zed. (A photocop slator must be sub	py is i omitte	not acceptable. If the cent.)	tificate is in a for	eign langua	ige, a	-
e jurisdiction under t nslation of the certif Nature of bus	the law of which it is organizate under oath of the transitiness or purposes to b  Signature of a me	zed. (A photocopulator must be subsected of the conducted	py is a property of the proper	not acceptable. If the cent.)	tificate is in a for Management an of a member	zign langua	ige, a	- - - -

Typed or printed name of signee

Andrea M. Carruthers

## 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:

FOA Tam	npa ELC:					
2. The na	. The name and the Florida street address of the registered agent and office are		SECRET TALLAH/	99 DEC	-TĪ	
	C T Corporation System	n		ARY	E	一
(Name)		OF SI	뫰			
c/o C T Corporation System, 1200 South Pine Island Road			က်			
	Florida s	treet address (P.O. Box NOT	ACCEPTABLE)	<u> </u>	7	
	Plantation	<b>FL</b> 33324				
	1 Idilativa	City/State/Zip		<u> </u>		
		•				

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, F.S.

C T Corporation System

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FOA TAMPA 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-SECOND DAY OF NOVEMBER, A.D. 1999.

AND I\_DO\_HEREBY FURTHER CERTIFY THAT\_THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

0096733

3129771 8300

11-22-99