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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Realty Capital Management, LLC	ted Liability Company)
(Ivaine of Linit	ted Elabinty Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
W. Charles Day	
(Nan	me of Person)
Berrry, Shelnutt, Day & Hoffman, P.C.	
(Fir	m/Company)
233 12th Street, Suite 100A	5 1 15 m
((Address) $\underline{\omega}$
	-11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Columbus, GA 31901	50 N
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
W. Charles Day	at (706) 324-4375
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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:

	ited Liability Company)				
Georgia (Jurisdiction under the law of which foreign limited liab company is organized)	3. (FEI number, if applicable)				
March 4, 2005 (Date of Organization)	5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")				
	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)				
233 12th Street, Suite 100A					
Columbus, GA 31901					
If limited liability company is a manager-man	(Street Address of Principal Office) s a manager-managed company, check here addresses of the managing members or managers are as follows.				
W. Charles Day	Chad Hightower				
233 12th Street, Suite 100A	233 12th Street, Suite 100A				
	Columbus, GA 31901				
Columbus, GA 31901	Columbus, GA 31901				
O. Attached is an original certificate of existence, no more that it is organized. (A place jurisdiction under the law of which it is organized. (A place anslation of the certificate under eath of the translator must be	an 90 days old, duly authenticated by the official having custody of recotocopy is not acceptable. If the certificate is in a foreign language, a se submitted.)				
O. Attached is an original certificate of existence, no more that the jurisdiction under the law of which it is organized. (A phoenslation of the certificate under eath of the translator must be anslation of business or purposes to be conducted. Signature of a member or a (In accordance with section 608,40)	an 90 days old, duly authenticated by the official having custody of recotocopy is not acceptable. If the certificate is in a foreign language, a se submitted.)				

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.

	e of the Limited Liability Management, LLC	Company is:		_
2. The name	e and the Florida street ad	ldress of the registered agent and office are:		_
	Gary Shackleford			
	(Name)		Es 2	
	7310 15th Ave. NW		ZUJS HAR SECRETI	g !
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	-₹555 555 557	S. A. SA
	Bradenton	FL 34209	T S	ر ها . موسده موسده
		City/State/Zip	2: 38	
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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.

(Signature)

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0518886
DATE INC/AUTH/FILED: 03/04/2005
JURISDICTION : GEORGIA
PRINT DATE : 03/28/2005
FORM NUMBER : 211

BERRY, SHELNUTT & DAY, P.C. ALYSSA ALVAREZ P.O. BOX 1437 COLUMBUS, GA 31901

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Seorgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20050328134715071



Cathy Cox Secretary of State