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COVER LETTER

TO:	Division of Corporations		
SUBJ	ECT: TCI Real Estate, LLC		
	(Name of	Limited Liability Company)	·- :
Florid		d Liability Company for Authorization to Traine submitted to register the above referenced da	
Please	return all correspondence concerning (his matter to the following:	
	Likita M. Anderson		
		(Name of Person)	
	Hartman Simons Spielman	& Wood	SECRETARY DIVISION OF CO
		(Firm/Company)	Z CETA
6400 Powers Ferry Road, Suite 400		COST OR ATTOMS	
		(Address)	# ATIE
	Atlanta, GA 30339		5 3
	(Ci	ty/State and Zip Code)	*
For fu	rther information concerning this matte	r, please call:	
	Likita M. Anderson	at (770) 980-4415	
	(Name of Person)	(Area Code & Daytime Telephone)	Number)
	MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclo	sed is a check for the following amount \$\sum_{\text{S125.00 Filing Fee}} \sum_{\text{S130.00 Filing Fee}} \sum_{\text{Certifit}}\$	Fee & 🛮 \$155.00 Filing Fee & 🔲 \$160.00 Filing	g Fee, Certificate atus & 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:

1.	TCI Real Estate, LLC	
	(Namé of Foreign Limited Liability Company)	
	Georgia 3.	
	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	January 12, 2005 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.)	4.4
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	4080 McGinnis Ferry Road, Suite 1501	
	Alpharetta, Georgia 30005	
	(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:	
	D. Penn Hodge, 4080 McGinnis Ferry Road, Suite 1501, Alpharetta, GA 30005	
	D. Pelli Houge, 4000 McGillias Felly Road, Suite 1501, Alphaletta, CA 30005	
	David A. Vella, 16071 Pinto Road, N. Ft. Myers, FL 33903	
ın	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recor	nts ir
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langues a	
-	slation of the certificate under oath of the translator must be submitted.)	S
	Control of the contro	CRE
li.	Nature of business or purposes to be conducted or promoted in Florida: real estate	ヹヿ
	3	<u> </u>
-		; O ?
	Signature of a member or an authorized representative of a member.	! !
	Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member of a mem	
	1 Michael Nixon, Member	
	Typed or printed name of signee	

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 o	f the Limited Liability Comp state. LLC	pany is:			
	nd the Florida street address	of the registered	agent and office are:		
	David A. Vella	(Name)			
	16071 Pinto Road	(Ivanie)			
	Florida Street Ad	dress (P.O. Box NO	T ACCEPTABLE)		3-1.
	N. Ft. Myers,	City/State/Zip	3903	- - 412	. = 、
Having been not liability comparagent and agree relating to the pobligations of n	amed as registered agent and my at the place designated in e to act in this capacity. I fur proper and complete perform my position as registered agen (Signature)			e stated limited entment as registered of all statutes and accept the Statutes.	DIVISION OF CORFORATIONS

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TCI REAL ESTATE, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/12/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 19th day of July, 2006

> Cathy Cox Secretary of State

Certification Number: 189189-1 Reference: 10828.0003000. Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp 2006 JUL 20 PH L: LO

DIVISION OF CORFERATIONS