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(Re	equestor's Name)			
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PICK-UP	MAIT WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	TECT: DCO OPTION 2 LLC (Name of	f Limited Liability Company)		
Floric		ed Liability Company for Authorization to Transa are submitted to register the above referenced for ida		
Please	e return all correspondence concerning t	this matter to the following:		
	Dianne C. Dementi			
		(Name of Person)		
-	UDR, Inc.		07 M	USIAID 338
		(Firm/Company)	HAR 2	말씀
			2	
	400 East Cary Street		_ A	경독리
		(Address)	AH 10: 2	影響
			12	SKO
	Richmond, VA 23219		<u> </u>	
	(Ci	ty/State and Zip Code)		
For fu	rther information concerning this matter	r, please call:		
	Dianne C. Dementi (Name of Person)	at (<u>804</u>) <u>819–1864</u> (Area Code & Daytime Telephone Nun	 nber)	
	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		
Enclos	ted is a check for the following amount: \$\square\$\$ \$125.00 \text{ Filing Fee} \square \square\$\$ \$130.00 \text{ Filing Fe}\$ Certification			

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.	. DCO Option 2 LLC (Name of Foreign Limited Liability Company)		_
	(. value of Foreign Enlined Entonity Company)		
2.	. <u>Delaware</u> 3. 20-5202970 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		_
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	e)	
4.	. July 7, 2006 5. Perpetual (Date of Organization) (Duration: Year limited liability compa		_
	(Date of Organization) (Duration: Year limited liability comparation exist or "perpetual")	ny will cease to	
6.			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	400 East Cary Street		
	Richmond, VA 23219	07	Sivid
	(Street Address of Principal Office)		SIS
R	If limited liability company is a manager-managed company, check here	MAR 21	- 조 류
٥.	in initied hability company is a manager-managed company, eneck here	121	C.
9.	The name and usual business addresses of the managing members or managers are as fo	ollows:	082
	DCO Holdings, Inc.	ollows: 목 다)RAII
			9
	400 East Cary Street		(7)
	Richmond, VA 23219		
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreinstation of the certificate under oath of the translator must be submitted.)		ords
11	. Nature of business or purposes to be conducted or promoted in Florida:		
	real estate management	4	
	William 1 Joseph Stranger		
	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)		
	William J. Overby, AVP of 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 of the Limited Liability Company is:

	, , , ,		
DCO	Option 2 LLC		_
2. The name at	nd the Florida street address of the regi	stered agent and office are:	/ MAK 21
	C T Corporation System		-
	(Name	1	7 -OI UH
	1200 S. Pine Island Road		ċ
	Florida Street Address (P O B	OX NOT ACCEPTABLE)	_
	Plantation, F		
	Chyrola	WZIP	
liability compan agent and agree relating to the pi	ty at the place designated in this certifica to act in this capacity I further agree to	rvice of process for the above stated limited ate, I hereby accept the appointment as registed comply with the provisions of all statutes buties, and I am familiar with and accept the d for in Chapter 608, Florida Statutes James Martin Assistant Secretary	vred

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DCO OPTION 2 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 NINETEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE

7 MAR 21 AM 10: 21



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Varriet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5519295

DATE: 03-19-07