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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: DAC Jacksonville Office Suite LLC	Dr.
(Name of Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Tra Florida," Certificate of Existence, and check are submitted to register the above referenced liability company to transact business in Florida	
Please return all correspondence concerning this matter to the following:	
Melissa A. Murry	<u>. </u>
(Name of Person)	
Incorporating Services, Ltd.	
(Firm/Company)	
1540 Glenway Dr.	
(Address)	
Tallahassee, FL 32301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Melissa A. Murry at () 656-7956	
(Name of Person) (Area Code & Daytime Telephone	Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	g Fee, Certificate tatus & Certified Copy

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

	1 . O.
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	TATE OF FLORIDA:
1. DAC Jacksonville Office Suite LLC	
(Name of Foreign Limited Lie	ability Company)
2 Delaware 3.	ma is
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4 5/4/2007 5.	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of this Application	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
7. 14 Franklin Street, Suite 800, Rochester,	NY 14604
(Street Address o	f Principal Office)
(Super reguess o	
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Andrew A. Costanza, 14 Franklin Street, Sui	te 800, Rochester, NY 14604
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translation must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida: To own real property
_ Writin a.	Long
Signature of a member or an auti	norized representative of a member.

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.)

Kristin A. Long, Authorized representative 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 na	me of the Limited Liability	Company is:
DAC Jack	sonville Office Suite LLC	
2. The na	me and the Florida street add	dress of the registered agent and office are:
	Incorporation Society	ليماد
	Incorporating Services,	
		(Name)
	1540 Glenway Drive	
	Florida Stre	eet 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.

Melissa A. Murry, Assistant Secretary

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAC JACKSONVILLE OFFICE SUITE 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 SEVENTH DAY OF MAY, A.D. 2007

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAC

JACKSONVILLE OFFICE SUITE LLC" WAS FORMED ON THE FOURTH DAY OF

MAY, A.D. 2007.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5654336

DATE: 05-07-07

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