(Re	equestor's Name)	
(A d	ldress)	
(Ād	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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05/17/07--01038--007 **125.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: IT Tenant RBS2, LLC (Name of Limited Liability Company)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
Steve Hampton, Tax Director					
(Name of Person)					
InTown Lessee Associates, LLC					
(Firm/Company)					
2727 Paces Ferry Road, Suite II-1200					
(Address)					
Atlanta, Georgia 30339-6104	THAY IT AMIL: 27				
(City/State and Zip Code)	= `				
For further information concerning this matter, please call:	7				
Steve Hampton at (_770) _799-5000					
(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					
Enclosed is a check for the following amount: \$\sum{1}\$125.00 Filing Fee \$\sum{1}\$130.00 Filing Fee & \$\sum{1}\$155.00 Filing Fee & \$\sum{1}\$					

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:

IT Tenant RBS2	2, LLC			
	(Name of Foreign Limited	Lia	bility Company)	
Delaware	law of which foreign limited liability	3.	20-8970410 (FEI number, if applicable)	
company is organized)	aw of which foreign limited hability		(FEI number, II applicable)	
April 25, 2007		5.	Perpetual	
(Date of	Organization)		(Duration: Year limited liability company will cease exist or "perpetual")	to
N/A				
	(Date first transacted business in F (See sections 608.501 & 608.502 F.	ilorio S. to	da, if prior to registration.) determine penalty liability)	
2727 Paces Ferr	ry Road, Suite II-1200, Atl	lant	ta, Georgia 30339-6104	
	(Street Addres	s of	Principal Office)	_
If limited liability	company is a manager-manage	d co	ompany, check here	
The name and year	al huginess addresses of the me	mac	ing members or managers are as follows:	•
		_	E.	SF :
In I own Lessee	Associates, LLC, a Delay	var	e limited liability company	<u> </u>
2727 Paces Fer	rry Road, Suite II-1200, A	tlar	nta, Georgia 30339-6104	<u> </u>
				A
-			ORAT RET	一 三
			ys old, duly authenticated by the official having custody of	
•	iw or which it is organized. (A photoco under oath of the translator must be sul		s not acceptable. If the certificate is in a foreign language, ted.)	а
l Notino of busines	s or purposes to be conducted	^" "	remoted in Florida	
		or p	nomoted in Florida.	
Extended Stay A	Accommodations	_		<u> </u>
	12	7		
			orized representative of a member.	
	(In accordance with section 608.408(3), an affirmation under the penalties of pe		, the execution of this document constitutes that the facts stated herein are true.)	
			Cassel, Secretary	
	Typed or printe	ed n	ame 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	of the Limited Liability Company is:	
IT Tenant R	RBS2, LLC	
11 1011111111	2,22	
2. The name at	and the Florida street address of the registered agent and office are:	
	CT Corporation System	
	(Name)	
	1200 South Pine Island Road c/o CT Corporation System	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	>
		:
	Plantation FL 33324	:
	City/State/Zip	ř
		Ė
agent and agree relating to the p obligations of n	named as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate, I hereby accept the appointment as registered ee to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes. coration System W. W. Wolls (Signature)	· ·

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

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

\$ 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 "IT TENANT RBS 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 FOURTEENTH DAY OF MAY, A.D. 2007.

4340594 8300

070561078

Warret Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5674433

DATE: 05-14-07