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Alamance Associates, LLC

ORIDA/FOREIGN LIMITED LIABILITY CO.

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## 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: Alamance Associates, LLC (Name of Foreign Limited Liability Company) Delaware
 (Jurisdiction under the law of which foreign limited liability company is arganized) ( FEI number, if applicable) June 6, 2007 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florids, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 1031 South Caldwell Street, Suita 101, Charlotte, NC 28203 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here k 9. The name and usual business addresses of the managing members or managers are as follows: Thomas L. Hammons 1031 South Caldwall Streat, Suite 101 Charlotte, NC 28203 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real estate allemen Signature of a member or an authorized representative of a member. (In accordance with acction 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.)

Typed or printed name of signee

Thomas L. Hammons

## 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.

The name and	the Florida street address of the registered agent and	office are:
		o7 ·
	C T Corporation System	
	(Name)	三 三 三
	·	5 S S S S S S S S S S S S S S S S S S S
	1200 South Pins Island Road	% <sup>2</sup> _
_	Florida Street Address (P.O. Box NOT ACCEPTABLE	me in e
	·	To: a
	Plantation, Florida 33324	
_	City/State/Zip	

liability company at the place designated in this certificate, I hereby accept the appointment as registere 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.

By: Mario Edwards Asst. Secretary

(Signature)

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

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#### The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "ALAMANCE ASSOCIATES, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2007.

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

**4365411 8300** 0707**53698** 



Daniet Smith Hinden

Harriet Smith Windsor, Secretary of Sta

DATE: 06-26-07

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