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ZIUB APR 28 P 3: 25
SECRETARY OF STATE
ALLAHASSEE, FLORIO

FILED

#### **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	. Atlanta Data Recovery, LLC	<b>;</b>	
	(Name of Limi	ted Liability Company)	
Florida," C	· · · · · · · · · · · · · · · · · · ·	bility Company for Authorization to Transact Busi bmitted to register the above referenced foreign lin	
Please retui	rn all correspondence concerning this ma	atter to the following:	
	Gary H. Baker		
	(Nar	me of Person)	
			٠.
	(Firm	m/Company)	
	3993 Arlington Drive	APR 28	
	(	(Address)	.ILEC
	Palm Harbor, FL 34685	3° 2 DRID	0
	(City/Sta	ite and Zip Code)	
For further	information concerning this matter, plea	ase call:	
Ga	ry H. Baker	_at ( 727 ) 642-8946	
-	(Name of Person)	(Area Code & Daytime Telephone Number)	
	ILING ADDRESS:	STREET ADDRESS:	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following amount:  125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of \$\Section \\$130.00 Filing Fee \$\Lambda\$	\$155.00 Filing Fee & \$\Bigs\square\sq	cate ied Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Atlanta Data Recovery, LLC	E SIATE OF FLORIDA;
(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C.," or "LLC.")
	ose of transacting business in Florida and attach a copy of the writte ternate name. The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3. 26-2349745 (FEI number, if applicable)
4. 4-1-2008 (Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in F) (See sections 608.501 & 608.502 F.S)	S to determine negalty liability)
7. 1201 West Peachtree Street, Suite 3	
Atlanta, Georgia 30309	SSA N
8. If limited liability company is a manager-managed 9. The name and usual business addresses of the mar	REAL V
MM 2006 Trust, Managing Member	
1201 West Peachtree Street, Suite 3	3000
Atlanta, Georgia 30309	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub	•• • • • • • • • • • • • • • • • • • • •
11. Nature of business or purposes to be conducted o	or promoted in Florida: Any and all lawful
business including feal estate service	es,.
	uthorized representative of a member. F.S., the execution of this document constitutes jury that the facts stated herein are true.)

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.

<ol> <li>The name of the Limited Liability Compan</li> </ol>	ıv is
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Atlanta Data Recovery, LLC			
If name unavailable, the alternate name to be used in the state of Florida is:	SECRETA TALLAHAS	2008 APR	
2. The name and the Florida street address of the registered agent and office are:		28 P	m
Gary H. Baker	SSEE, FLORIDA	3: 25	
(Name)	سميو	٠.	
3993 Arlington Drive			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Palm Harbor, FL 34685 <sub>FL</sub>			
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.

J DMUL ignature)

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

Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTA DATA RECOVERY, 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 SECOND DAY OF APRIL, A.D. 2008.



Warriet Smith Hindson

AUTHENTICATION: 6494812

DATE: 04-02-08

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