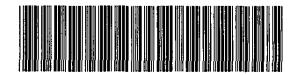
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B. KOHR MAR 11 2010 **EXAMINER**

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CONTACT:	Kim Weiden	<u>bach</u>	TO CONTROL
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CORP. NAME:	ALPHA OPI	PORTUNITY FUND I, LLC	O MAR ON VISION OF THE
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Examiner's Initials

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

١	A LP	HA 01	PPORTI	UNITY	FUND I,	LL C	
(N	ame of Foreign	Limited Liabili	ity Company	; must includ	"Limited Liability Co	empany," "L.L.C.," or	"LLC.")
lf name i	ınavailable, ente	er alternate nam	ne adopted fo	or the purpose	of transacting business	s in Florida and attach	a copy of the writter
onsent of	f the managers of	or managing me	embers adopi	ting the alten	ate name. The alternate	name must include "	Limited Liability
Company	," "L.L.C ." "LL	.C.")					
	DELAW	ARE		3	27 - 15	27232	
(Jurisdi	ction under the	law of which fo	oreign limite	d liability	27 - 15 (FEI m	imber, if applicable)	
compar	y is organized)						
	12.14.	2009		5	PERPETU	A L	
•	(Date o	f Organization)			(Duration: Year limi	ited liability company	will cease to
	•	•			exist or "perpetual")		<u> </u>
	NA						0 50
·		(Date first tr	ransacted bus	siness in Flor	da, if prior to registrati	on.)	2
		(See sections	608.501 & 6	608.502 F.S. 1	o determine penalty lia	bility)	70 O
	5725 N.	SCOTTS	DALE	ROAD	SUITE C	2-195	0 8
							3
	SCOTTS	DALE ,	ARIZ	ANO	6525 <i>0</i>		
			(Stre	et Address o	Principal Office)		
							6
. If lim	ited liability	company is a	a manager-	managed o			
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				-manageu (ompany, check her	e	
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				f the mana	ging members or ma	anagers are as follo	
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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.

I. The name of	the Limited Liability Company is:
ALPHA	OPPORTUNITY FUND I, LLC
If unavailable, t	ne alternate to be used in the state of Florida is:
2. The name an	d the Florida street address of the registered agent and office are:
	NATIONAL REGISTERED AGENTS, IN C
	(Name)
	2731 EXECUTIVE PARK DRIVE SUITE 4
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	WESTON FLORIDA FL 33331
	City/State/Zip
liability compan agent and agree relating to the pr obligations of m	ned as registered agent and to accept service of process for the above stated limited wat the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes appear and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes. [Signature] Insk!—Asst. Secretary
	\$ 100.00 Filing Fee for Application
	\$ 25.00 Designation of Registered Agent
	\$ 30.00 Certified Copy (optional)
	\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHA OPPORTUNITY FUND I, 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 TENTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHA OPPORTUNITY FUND I, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2009.

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

8300

You may verify this certificate online at corp.delaware.gov/authver.shtml

ICÀTION: 7861472

DATE: 03-10-10