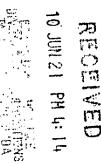
# M1000002767

	(Requestor's Name)			
	(Address)			
<u> </u>	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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B. KOHR

JUN 2 2 2010

**EXAMINER** 

10 JUN 21 AM 8: NI



ACCOUNT NO. : I2000000195

REFERENCE: 422465 4327297

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: June 21, 2010

ORDER TIME : 12:50 PM

ORDER NO. : 422465-020

CUSTOMER NO: 4327297

#### FOREIGN FILINGS

NAME:

SUMMIT TAX CREDIT FUND

I - 2010, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_ CERTIFIED COPY

XX\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

### 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:

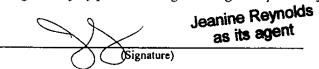
1,11	VITED LIABILITY CONTAINT TO TRAINSACT BOOTNESS IN THE STATE OF FLORIDA.
1.	Summit Tax Credit Fund I - 2010, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company, "E.L.C.," or LEC.")
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Delaware  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	August 17, 2009 5. Perpetual (Date of Organization)  [Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	N/A
	N/A  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  105 Tallapoosa Street, Suite 300  Montgomery, AL 36104  (Street Address of Principal Office)
7.	105 Tallapoosa Street, Suite 300
	Montgomery, AL 36104
	Montgomery, AL 36104 (Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Summit Housing Partners, LLC
	105 Tallapoosa Street, Suite 300
	Montgomery, AL 36104
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Investment Fund
	Mundeel W Of 100
	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)
	Randal W. Brown
	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 name o	of the Limited Liability Company is:	
	Summit Tax Credit Fund I - 2010, LLC	
If unavailable,	, the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	Corporation Service Company (Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassex FL 32301 City/State/Zip	
	amed as registered agent and to accept service of process for the above sta ny at the place designated in this certificate, I hereby accept the appointme	

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.



\$ 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

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUMMIT TAX CREDIT FUND I - 2010,

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-FIRST DAY OF JUNE,

A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT TAX

CREDIT FUND I - 2010, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF

AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4720838 8300

100675218

AUTHENT CATION: 8066611

DATE: 06-21-10

Jeffrey W. Bullock, Secretary of State

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