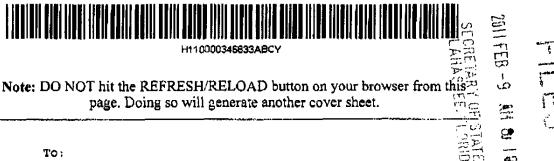
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000034663 3)))



Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

T. CLINE

FEB 16 2011

\*\*Enter the email address for this business entity to be used for XAMNEH

Email Address:

# Foreign Limited Liability Company FIATP Parent LLC

Certificate of Status	0
Certified Copy	0
Page Count	954
Estimated Charge	\$1,230.00

This should have been sized on 2/9/11.

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11 FEB 15 PM 1: 45
SECRETARY OF STATE

To:

Division of Corporations

Fax Number

: :850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

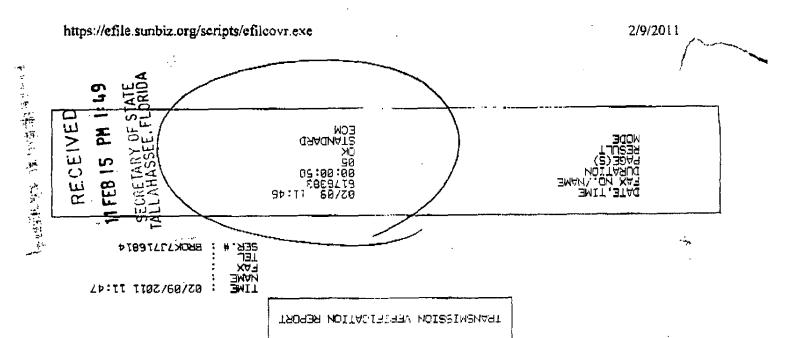
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### Foreign Limited Liability Company FLATP Parent LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,230.00

SECRETARY OF STATE TAIL AHASSEE FLERIOA



#### COVER LETTER

SUBJECT:	FIATP Parent LLC	
	Name of Limited Liability Company	<del></del>
	by Foreign Limited Liability Company for Authorization to bmitted to register the above referenced foreign limited liab	
Piease return all correspond	lence concerning this matter to the following:	
	Genla Smith	
	Name of Person	TALL SEC
	Porest Investment Associates	CRET
	Firm/Company	(O) 32 1
	15 Piedmont Center, Suite 1250	
<del> </del>	Address	$e^{-i\omega}(f)$
	Atlanta, GA 30305	
	City/State and Zip Code	
	gsmith@forestinvest.com	
	E-mail address: (to be used for future annual report	notification)
or further information con-	erning this matter, please call:	
3	ame of Person Area Code & Daytime Teleph	none Number
MAILING ADDR	ess: street address:	
Division of Corpor	ations Division of Corporations	
Registration Section		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
Tallahassoc, FL 32	Tallahassee, FL 32301	
nclosed is a check for \$125,00 Filing Fee		\$160.00 Filing Fee, Certificate

# 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 BY ISBNESS IN THE STATE OF BY ORDER.

L	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	STATE OF FLORIDA:	
1	FIATP Parent LLC (Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.,"	or "LLC.")
C	f name unavailable, enter alternate name adopted for the purpose meent of the menagers or managing members adopting the alternompany," "L.L.C," "LLC.")		
2.	Dolaware 3.	83-0465478	
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FBI number, if applicable	)
A	09-06-2006	perpetual	TAIL SE
η,	(Date of Organization)	(Duration: Year limited liability compar	nà mitt come to
		exist or "perpectal")	AH.
б.			
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)	<u> </u>
~	15 Piedmont Center, Suite 1250 Atlanta, GA 30305		역원 출
7.			
	(Street Address of	Principal Office)	<u> </u>
	If limited liability company is a manager-managed co The name and usual business addresses of the manage		ilows:
•	L. Michael Kelly 15 Pledmont Center, Suite 1250 Atlanta, GA		
	Marc A. Walley 15 Piedmont Center, Suite 1250 Atlanta, GA	30305	
	Charles L. VanOver 15 Piedmont Center, Suite 1250 Atlanta, G	FA 30305	
the tran	Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is station of the certificate under eath of the translator must be submitted. Nature of business or purposes to be conducted or purposetry.	s not acceptable. If the certificate is in a fore; ted.)	ug custody of records in gn langræge, a
	Samuel K &	<b>1</b>	*
		orized representative of a member.	
	(In accordance with section 609,408(3), F.S., the execution	on of this document constitutes an affirmation u	
	penalties of perjury that the facts stated herein are mus. I document to the Department of State constitutes a	I am aware that any false information subm	sitted in a
	Tymad or printed us	me of cionea	

## 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.

	<del></del>
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	2011FE
C'T Corporation System	
(Name)	8-9 A888
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	<b>D</b> M <b>6</b> 0
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.

CT Corporation System

Ternell Kearnev 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)

FLD37 - 10/03/2010 C T \$34400 Oalling

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIATP PARENT 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 EIGHTH DAY OF FEBRUARY, A.D. 2011.

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

8300

DATE: 02-08-11

jeffrey W. Bullock, Secretary of State TION: 8547592

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