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B. KOHR MAR 25 2011 EXAMINER

CORPDIRECT AGE 515 EAST PÀRK AV TALLAHASSEE, FL 222-1173		rmerly CCRS)	★ ★ · · · · · · · · · · · · · · · ·		
FILING COVER ACCT. #FCA-14	SHEET *		1 MAR 25 PM 2: 34		
CONTACT:	Kim Weider	nbach	CS CAREE		
DATE:	03/25/11		2:34		
REF. #:	000638.1452	<u>260</u>			
CORP. NAME:	IOTA HICI	KORY HAMMOCK, LLC			
() ARTICLES OF INC	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION		
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
(XX) FOREIGN QUALI	FICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF (() OTHER:	CANCELLATION				
		ITH CHECK# 539092 CCOUNT IF TO BE DEBITE			
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(XX) CERTIFIED CO		(XX) CERTIFICATE OF GOOD STA	NDING () PLAIN STAMPED COPY		

Examiner's Initials

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

	IOTA UIA	kory Hammock, LLC		
(Name o	of Foreign Limited Liability Company; m	ust include "Limited Liabil	ity Company," "L.L.C.," or "L	.LC.")
name linguo	ilable, enter alternate name adopted for th	e number of transacting ha	siness in Florida and attach a	conv of the
sent of the r	managers or managing members adopting	the alternate name. The alt	emate name must include "Lis	mited Linbi
opany," "L.	Ł.C," "LLC.")			
	Delaware	3		
urisdiction ompany is o	Delaware under the law of which foreign limited li- organized)	ability (F	El number, if applicable)	
03,	/10/2011		Barnarival	
	(Date of Organization)	(Duration: Yea	Perpertual r limited liability company witual") istration.) lity liability)	ill cease to
	Han mot o	totad to do businoss		
	(Date first transacted busine	tarted to do business ss in Florida, if prior to reg	istration.)	
	(See sections 608.501 & 608.	502 F.S. to determine pena	lty liability)	
	482 N Rosem	nead Boulevard, Suite	103	
	702 14, 11,00011	iodo Dodiovaio, Conto		
	Pasadena	CA	91107	
	(Street /	Address of Principal Office)	
The name	and usual huginase addresses of th	a manaaina muuham	or management out of Callery	
	and usual business addresses of the		-	
	and usual business addresses of the DC VENTURE, LLC 482 N. Rose		or managers are as follow Pasadena CA	/s: 91107
			-	
			-	
			-	
AMT	DC VENTURE, LLC 482 N. Rose	emead Bivd., #103	Pasadena CA	91107
AMT: CA	DC VENTURE, LLC 482 N. Rose an original certificate of existence, no more	emead Bivd., #103	Pasadena CA Ticated by the official having o	91107
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Attachment to – Application for Authorization to Transact Business Iota Hickory Hammock, LLC, a Delaware limited liability company Dated: March 24, 2011

Item 9. Member:

AMT CADC Venture, LLC:

482 N. Rosemead Boulevard, Suite 103 Pasadena, California 91107

Signature:

Iota Hickory Hammock, LLC

a Delaware liability company

By: AmT CADC Venture, LLC,

a Delaware limited liability Company

Its: Sole Member

By: Maureen Connaughton
Its: Manager of Sole Member

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 of the Limited Liability Company	y is:						
IOTA Hicko	ry Hammock,	LLC					
If unavailable, the alternate to be used in the st	tate of Florida	is:					
2. The name and the Florida street address of	the registered	agent and office are:					
National Corpo	rate Research	n, Ltd., Inc.					
	(Name)						
515 East Park Avenue							
Florida Street Addres	s (P.O. Box NO	T ACCEPTABLE)					
Tallahassee	FL	32301					
	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.

Kristie Tolliver aust Sceretary

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

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "IOTA HICKORY HAMMOCK, 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 ELEVENTH DAY OF MARCH, A.D. 2011.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IOTA HICKORY HAMMOCK, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2011.

4952197 8300

110286644

DATE: 03-11-11

Jeffrey W. Bullack, Secretary of State
AUTHENT, CATION: 8616917

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