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(Requestor's Name)				
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Certified Copies	_ Certificates	of Status		
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D. BRUCE

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EXAMINER

COVER LETTER

SUBJE			
	1	Name of Limited Liability Company	
		liability Company for Authorization to Transact Business in Florida e above referenced foreign limited liability company to transact bus	
Please r	eturn all correspondence concerning this	matter to the following:	
	Polly S. Sampson, Paralega	1	
		Name of Person	
	West & Feinberg, P.C.		
		Firm/Company	
	4550 Montgomery Ave. Suite	e 775N	
		Address	
	Bethesda, MD 20814		
		City/State and Zip Code	
	psampson@wflaw.com		
	E-mail address	s: (to be used for future annual report notification)	-
For furtl	her information concerning this matter, p	The state of the s	72
	Polly S. Sampson, Paralegal	at (301) 951-1500	THE TOTAL PROPERTY OF THE PROP
	Name of Person	Area Code & Daytime Telephone Number	₹ m
	MAILING ADDRESS:	STREET ADDRESS:	= []
	Division of Corporations Registration Section	Division of Corporations Registration Section	144-1
	P.O. Box 6327 Clifton Building		1.
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following am	ount:	
✓	\$125.00 Filing Fee \$130.00 Filing Certificate of S		

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:

	RANSACT BUSINESS IN THE STATE OF PLORIDA:
1. The Summit Series, LLC (Name of Foreign Limited Li	ability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	name adopted for the purpose of transacting business in Florida and attach a copy of the written g members adopting the alternate name. The alternate name must include "Limited Liability
2. District of Columbia	3 26-3276661
(Jurisdiction under the law of whi company is organized)	
4. 08/25/2008	5. perpetual
(Date of Organizat	ion) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date fi (See secti	rst transacted business in Florida, if prior to registration.) ons 608.501 & 608.502 F.S. to determine penalty liability)
7. 1817 M Street, N.W., Washin	gton, DC 20036
	(Street Address of Principal Office)
8. If limited liability company	r is a manager-managed company, check here
9. The name and usual busine	ss addresses of the managing members or managers are as follows: .
Elliott Bisnow Ryan Begelman	1817 M Street, N.W., Washington, DC 20036 1817 M Street, N.W., Washington, DC 20036
rijan Bogomian	Diff F
_	of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which translation of the certificate under oath	nit is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a of the translator must be submitted.)
	poses to be conducted or promoted in Florida: To organize, promote, sponsor,
supervise and coordinate sum	mits, meetings, social gatherings and parties and all related activities.
1	
Ci amatud	
,	e of a member or an authorized representative of a member.
penalties of perjury th	at the facts stated herein are true. I am aware that any false information submitted in a
	partment of State constitutes a third degree felony as provided for in s.817.155, F.S.) gelman, Managing Member
	Typed or printed name of signee
	i y pod or printed name or organe

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 nar	ne of the Limited Liability	Company is:				
THE SUMMIT SERIES, LLC						
If unavaila	able, the alternate to be use	d in the state of Florida is:				
2. The nar	me and the Florida street a	ddress of the registered agent and office are:				
	CT Corporation Syster	n				
		(Name)				
1200 South Pine Island Road		CLANA T				
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SE YES				
	Plantation	FL 33324				
		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.

(Signature)

Mark Brinkman

Vice President and Assistant Secretary

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on 08/25/2008 00:00:00 Articles of Organization of:

SUMMIT SERIES, LLC (THE)

WE FURTHER CERTIFY that the above named company is in <u>Good Standing</u> and duly organized and existing according to the records of Corporations Division, having filed all reports as required by the District of Columbia Limited Liability Company Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 12/08/2011 10:39:23

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division

CHUMER AND RECEIVED TO COLOR OF COLOR O

Vincent C. Gray Mayor

Tracking #: SSIGPYDDRH