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COVER LETTER

SUBJECT:	DARTMOUTH CAPIT	pr, LLC	
		Name of Limited Liability Company	
		Liability Company for Authorization to Transact Busi the above referenced foreign limited liability company	
Piease return all	l correspondence concerning thi	is matter to the following:	1
	Be	Lyan Canavan	33 13 17 17
		Name of Person	Company Company
	DARA	MOUTH CAPITAL, UC	
		Firm/Company	THE STATE OF THE S
	198	TERMONT ST. #444	
		Address	N -4
	Boston	City/State and Zip Code	
		City/State and Zip Code	
	bryan @dartr	mouth capitall C. Com ss: (to be used for future annual report notification)	
	E-mail addre	ss: (to be used for future annual report notification)	
For further infor	rmation concerning this matter,	please call:	
BAYN		at (617) 437.1460	
	Name of Person	Area Code & Daytime Telephone Number	
Divisio	ING ADDRESS: on of Corporations ration Section	STREET ADDRESS: Division of Corporations Registration Section	
_	ox 6327	Clifton Building	
Tallaha	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a	check for the following ar	nount:	,
\$125.0	check for the following ar 0 Filing Fee \$130.00 Filin Certificate of	g Fee & \$\frac{1}{5}\$155.00 Filing Fee & \$\frac{1}{5}\$160.00 Filing Fee & Of Status & 0	ng 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 BUSINESS IN THE STATE OF FLORIDA: Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") MASSACHUSETTS (Jurisdiction under the law of which foreign limited liability company is organized) 2004 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (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: remont Street #444 Baston MA 02116 10. Attached is an original certificate 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 it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: FORGIN CURPENCY 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. I am aware that any false information submitted in a

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Rryan Canavan
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

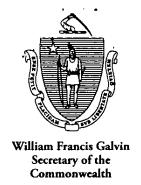
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: DARTMOUTH CAP TOTAL LLC		_
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:	<u>್</u> ಪ	-
InCorp Services Inc. (Name)	3 JUL 30	n decision
Florida Street Address (P.O. Box NOT ACCEPTABLE)) PH 5:	32.7.77
hoxahatchee FL 33470 City/State/Zip	्रीतिक क्रिक्ट स्टब्स्ट्रिक्ट	
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appointm		ered

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)

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

July 17, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

DARTMOUTH CAPITAL, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 2, 2004.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: BRYAN A. CANAVAN, DOUGLAS F. BACON

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: BRYAN A. CANAVAN, DOUGLAS F. BACON

The names of all persons authorized to act with respect to real property listed in the most recent filing are: BRYAN A. CANAVAN, DOUGLAS F. BACON

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

ellian Travino Galein

