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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alta Realty Company, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Gerardo Botello
Name of Person
Alta Realty Company, LLC
Firm/Company
7500 Old Georgetown Road, Suite 1325
Address
Bethesda, MD 20814
City/State and Zip Code
dkolcio@mcmcap.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gerardo Botello 240 , 744-3106
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

_{I.} Alta Realty Company, LLC		
(Name of Foreign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC	2.")
(If name unavailable, enter alternate name adopted for the purpose of transactir Liability Company," "L.L.C," or "LLC.")	ng business in Florida. The alternate name m	ust include "Limited
_{2.} DE on 1/15/15	IN 47-2805804	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. N/A		
(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	
5. 7500 Old Georgetown Road, Suite 13	325	TALL IS F
Bethesda, MD 20814		EB EE
(Street Address of Prince	cipal Office)	SN-<
6. Same as #5		TO E
		D: 3
(Mailing Addr	ess)	-5m -1
7. The name, title or capacity and address of the person(s)	who has/have authority to manag	e is/are:
Michael Niccolini, Managing Member		- 1- 1- 1-
TVIONAGE PROCESSING PROCESSING		· · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
8. Attached is an original certificate of existence, no more thaving custody of records in the jurisdiction under the law of		
acceptable. If the certificate is in a foreign language, a transf	• • • • • • • • • • • • • • • • • • • •	
must be submitted)		
MIMI	:	
Signature of an author	orized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an am aware that any false information submitted in a document to the Department of State	affirmation under the penalties of perjury that th	e facts stated herein are true n s.817.155, F.S.)
Michael Niccolini		

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 nam	e of the Limited Liability Compa	any is:	
ALTA REAL	TY COMPANY, LLC		
lf unavailab	le, the alternate to be used in the	state of Florida is:	
2. The name	e and the Florida street address o	f the registered agent and office are:	
	C T Corporation System		TALLE TALLE
		(Name)	EB EB
	1200 South Pine Island Road		ARY C
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		AHIO: 3TAT
	Plantation	FL 33324	37 ORIO
		City/State/Zip	~
iability com egistered ag tatutes relat	pany at the place designated in the gent and agree to act in this capac ting to the proper and complete pa	o accept service of process for the above is certificate, I hereby accept the appoin city. I further agree to comply with the performance of my duties, and I am familiered agent as provided for in Chapter 60	tment as rovisions of all ar with and
	By:(Signat	ure) Judith Argeo	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Vice President and Assistant Secretary Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ALTA REALTY COMPANY, 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 TENTH DAY OF FEBRUARY, A.D. 2015.

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

5677452 8300

150174050

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2113172

DATE: 02-11-15

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