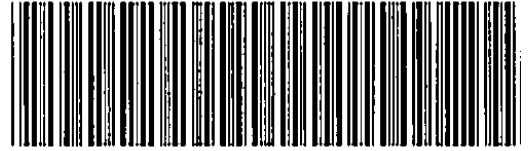


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

OCT 18 2013

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IAG Mobility and Electrification Fund I, LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

P. Kevin Smith

Contact Person

IAG Mobility and Electrification Fund I, LLLP

Firm/Company

3420 1/2 Brown Street NW Unit B

Address

Washington, DC 20010

City, State and Zip Code

ksmith@iagadvisory.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin P Smith at (202) 213 6255
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. IAG Mobility and Electrification Fund I, LLLP.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 4737 N Ocean Dr., Suite 213, Lauderdale By the Sea, FL 33308.

(Street address of initial designated office)

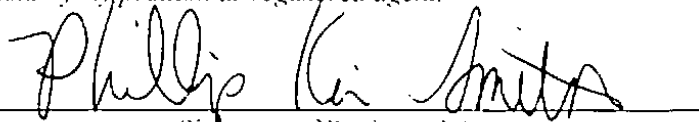
3. P. Kevin Smith

(Name of Registered Agent for Service of Process)

4. 4737 N Ocean Dr., Suite 213, Lauderdale By the Sea, FL 33308

(Florida street address for Registered Agent)

5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*


Signature of Registered Agent

6. 4737 N Ocean Dr., Suite 213, Lauderdale By the Sea, FL 33308

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of each general partner:

Name:

Business Address:

IAG Asset Management Corporation

3420 1/2 Brown Street NW Unit B Washington, DC 20

9. Effective date, if other than the date of filing: September 9, 2019
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirement this date will not be listed as the document's effective date on the Department of State's records.

Signed this 9th day of September 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

IAG ASSET MANAGEMENT Corporation
[Signature]
P. Kevin Smith / CEO

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75