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IPofA 6301 E 10TH AVENUE MASTER LEASECO, LLC

TYPE OF FILING: LLC

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COVER LETTER

Division of Corporations	25元 70
	имс С
SUBJECT: IPofA 6301 E 10th Avenue Master LeaseCo	i, LLC
(Name of Limi	ted Liability Company)
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sul liability company to transact business in Florida	bility Company for Authorization to Transact Busines in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Kathi Jo Harris-Temple	
(Na	me of Person)
Investment Properties of America, LLC	·
(Fir	m/Company)
10800 Midlothian Tumpike, Suite 309	
	(Address)
Richmond, VA 23235	
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Kathi Jo Harris-Temple	at (804)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsiz\$	☐\$155.00 Filing Fee & ☑\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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:

IPofA 6301 E 10th Avenue Master LeaseCo, LLC	
(Name of Foreign Limited	(Liability Company)
Delaware	3. 20-8600462
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
3/7/07	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease it exist or "perpetual")
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida, if prior to registration.) S. to determine penalty liability)
10800 Midlothian Tumpike, Suite 309, Richmond, VA 23	
(Street Addres	ss of Principal Office)
If limited liability company is a manager-manage	d company, check here
	a combant atteam ways [4.]
The name and usual business addresses of the ma	naging members or managers are as follows:
PofA Fund Manager, LLC, a Virginia limited liability co	nnnanv
	ready state of
10800 Midlothian Turnpike, Suite 309	
Richmond, VA 23235	
Alesinione, 4A 23233	
. Attached is an original certificate of existence, no more than 90 invisition under the law of which it is organized. (A photoconstation of the certificate under oath of the translator must be set	O days old, duly authenticated by the official having custody of reco opy is not acceptable. If the certificate is in a foreign language, a bruitled.)
. Nature of business or purposes to be conducted	or promoted in Florida: own real property
The state of the s	
- Lava D.	Coleman
Signature of a keep ber or an a	uthorized representative of a member.
(in accordance with section 608,408(3), an affirmation under the penalties of per	F.S., the execution of this document constitutes rjury that the facts stated herein are true.)
	Manager; By:Lara D. Coleman. Its Manager

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.

	me of the Limited Liability (E 10th Avenue Master LeaseCo,	• •	
2. The nar	me and the Florida street add	dress of the registered agent and office	are:
	Capitol Corporate Service	es, Inc.	
		(Name)	
	155 Office Plaza Drive, S	nite A	
	Florida Stre	et Address (P.O. Box NOT 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.

Capitol Corporate Services, Inc.

By: Dllane Clol, Asst. Slc.

(Signature)

\$ 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 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IPOFA 6301 E 10TH AVENUE MASTER LEASECO, 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 SECOND DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IPOFA 6301 E 10TH AVENUE MASTER LEASECO, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2007.

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

4310471 8300 070275150



Warriet Smith Windsor, Scoretary of State

AUTHENTICATION: 5477004

DATE: 03-02-07