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IPofA 6301 E 10TH AVENUE LEASECO, LLC

TYPE OF FILING: LLC

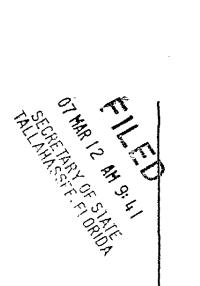
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	IPofA 6301 E 10th Avenue L	easeCo, LLC				
	(Na	ame of Limited Liability Company)				
Florida," Cer	"Application by Foreign lifeticate of Existence, and coany to transact business in	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida				
Please return	all correspondence concer	ming this matter to the following:				
	Kathi Jo Harris-Temple					
	(Name of Person)					
	Investment Properties of Ame	rica, LLC				
		(Firm/Company)				
	10800 Midlothian Tumpike,	Suite 309				
		(Address)				
	Richmond, VA 23235					
		(City/State and Zip Code)				
For further in	formation concerning this	matter, please call:				
Kath	i Jo Harris-Temple	at (804) 594-3550				
	(Name of Person					
Divisi P.O. I	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a	check for the following as 5.00 Filing Fee \$130.00	mount: Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy				

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

TRANSACT BUSINESS IN FLORIDA

IPofA 6301 E 10th Avenue LeaseCo, LLC		
(Name of Foreign Lim		_
Delaware	3.	20-8600462
Detaware Jurisdiction under the law of which foreign limited liab company is organized)	lity	(FEI number, if applicable)
3/7/07	5.	Perpetual
(Date of Organization)	••	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business (See sections 608.501 & 608.50	in Flor 2 F.S. (ida, if prior to registration.) to determine penalty liability)
10800 Midlothian Turnpike, Suite 309, Richmond, VA	23235	5
If limited liability company is a manager-man	aged o	f Principal Office)
·	aged o	f Principal Office) company, check here 🚺 ging members or managers are as follows:
If limited liability company is a manager-man. The name and usual business addresses of the	aged o	f Principal Office) company, check here 🚺 ging members or managers are as follows:
If limited liability company is a manager-man. The name and usual business addresses of the IPofA Fund Manager, LLC, a Virginia limited liability.	aged o	f Principal Office) company, check here 🚺 ging members or managers are as follows:
If limited liability company is a manager-man. The name and usual business addresses of the IPofA Fund Manager, LLC, a Virginia limited liabilit 10800 Midlothian Tumpike, Suite 309 Richmond, VA 23235 Attached is an original certificate of existence, no more that	mana y comp	f Principal Office) company, check here ging members or managers are as follows: any assold duly authenticated by the official having custody of accisnot acceptable. If the certificate is in a fixeign language, a

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 penaltics of perjury that the facts stated herein are true.) By:PofA Fund Manager, LLC, Its 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.

1. The name	of the Limited Liability	Company is:		
IPofA 6301 E 1	0th Avenue LeaseCo, LLC			
2. The name	and the Florida street ac	ddress of the registered agent and office are:		
	Capitol Corporate Servi	ices, Inc.		
		(Name)		
	155 Office Plaza Drive, Suite A Florida Street Address (P.O. Box NOT ACCEPTABLE)			
•	Tallahassee	FL 32301		
		City/State/Zip		

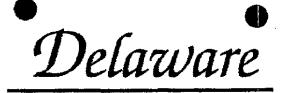
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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: Dllance Case, asst sec

(Signature)

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



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IPOFA 6301 E 10TH AVENUE 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 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.

4310467 8300 070275150



Warriet Smith Window Sacratary of State

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5477003

DATE: 03-02-07