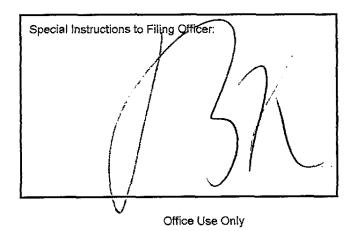
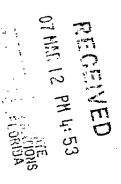
# MU700001444

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						





800089237758



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SECRETARY OF STAL

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:

03/12/2007

NAME:

IPofA AIRPORT EAST DISTRIBUTION CENTER PM, LLC

OT BOOK SERVICE

TYPE OF FILING: LLC

COST:

\$160.00

RETURN: CERTIFIED COPY & GOOD STANDING

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

1			
	COVER LETTER SECRETARY OF STATE OF STAT		
TO: Registration Section	(5) 72 · -	11	
Division of Corporations	**************************************		
Division of Corporations		}_	
SUBJECT: IPofA Airport East Distribution Cent		6	
(Name of	Limited Liability Company)		
Kathi Jo Harris-Temple			
	(Name of Person)		
Investment Properties of America, LL	c		
(Firm/Company) 10800 Midlothian Tumpike, Suite 309			
Richmond, VA 23235			
(Ci	ry/State and Zip Code)		
For further information concerning this matter	, please call:		
Kathi Jo Harris-Temple	at (804)594-3550		
(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:  \$\Begin{align*} \Boxed{1} \text{\$\frac{1}{2}} \$\frac{	te & S155.00 Filing Fee & S160.00 Filing Fee, Certificate to of Status & Certified Copy of Status & Certified Copy		

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

1	IPofA Airport East Distribution Center PM, LLC	79.		
(Name of Foreign Limited Liability Company)				
2.	Delaware	3 20-8600462		
- 1	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4	3/7/07	5 Perpetual		
••	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")		
б.	(Date first transacted business in F	Cords If a party assistantian		
	(See sections 608.501 & 608.502 F.S	S. to determine penalty liability)		
7.	10800 Midlothian Turnpike, Suite 309, Richmond, VA 233	235		
	(Street Address	of Principal Office)		
3.	If limited liability company is a manager-managed	i company, check here		
		<u> </u>		
۶.	The name and usual business addresses of the mar	naging members or managers are as follows:		
<b>)</b> .	The name and usual business addresses of the mar IPofA Fund Manager, LLC, a Virginia limited liability con			
Э.	·			
9.	PofA Fund Manager, LLC, a Virginia limited liability cor			
10. Obe	PofA Fund Manager, LLC, a Virginia limited liability con 10800 Midlothian Turnpike, Suite 309  Richmond, VA 23235  Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocopusitation of the certificate under oath of the translator must be sub-	days old, duly authenticated by the official having custody of records in a foreign language, a mitted.)		
10. Obe	PofA Fund Manager, LLC, a Virginia limited liability con 10800 Midlothian Turnpike, Suite 309  Richmond, VA 23235  Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocop	days old, duly authenticated by the official having custody of records in a foreign language, a mitted.)		
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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 C	company is:			
IPofA Airport E	East Distribution Center PM, L	LC			
2. The name	and the Florida street add	ress of the registered agent and offic	e are:		
	Capitol Corporate Service	s, Inc.			
		(Name)			
155 Office Plaza Drive, Suite A  Florida Street Address (P.O. Box NOT ACCEPTABLE)					
		City/State/Zip	•		
liability composition agent and agra- relating to the obligations of	any at the place designated ee to act in this capacity. I proper and complete perf	and to accept service of process for the lin this certificate, I hereby accept the I further agree to comply with the proformance of my duties, and I am familiagent as provided for in Chapter 608,	e appointment as registere visions of all statutes ar with and accept the		

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



## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "IPOFA AIRPORT EAST DISTRIBUTION CENTER PM, 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 SEVENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "IPOFA AIRPORT EAST DISTRIBUTION CENTER PM, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2007.

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

4312916 8300 070291153



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5488757

DATE: 03-08-07