

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000036921 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEMICASE retain Original filing
Account Number : FCA000000023
Phone

Fax Number

: (850)878-5368

RE-SUBMIT

date of submission

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CrownPointe Buildings LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	95%	
Estimated Charge	\$125.00	

W09-7697

Electronic Filing Menu

Corporate Filing Menu

HJ. BRYAN

FEB 1 9 2009

EXAMINER



February 18, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CROWNEPOINT BUILDINGS, LLC

REF: W09000007697

FILED OFEB 17 PH 1:16 SECRETARSEE, FLORIGA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H09000036921 Letter Number: 809A00005714

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Crown Pointe Buildings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware 20-8265287 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 1/13/2009 perpetual (Date of Organization) (Duration: Year limited liability company exist or "perpetual") upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3424 Peachtree Road, N.E., Suite 1500, Atlanta, GA 30326 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: IDI Value Add Fund I, LLC, 3424 Peachtree Road, N.E., Suite 1500, Atlanta, GA 30326 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real estate investment

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 penalties of perjury that the facts stated herein are true)

Typed or printed name of signee

David R. Birdwell, Secretary (see attached)

SIGNATURE PAGE TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR CROWNPOINTE BUILDINGS, LLC

CrownPointe Buildings, LLC

By: IDI Value Add Fund I, LLC, its sole Member

By: IDI Holdings Value Add I, LLC, its Manager

the section and the first contribution to the contribution of the first of the firs

By: /s/ David R. Birdwell
David R. Birdwell, Secretary



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 Compa	any is:	•	
CrownPointe Buildings, LLC			
If name unavailable, the alternate name to be	used in the state o	of Florida is:	
2. The name and the Florida street address of	of the registered ag	ent and office are:	B TEB
C T Corporation System (Name)			ARY OF
1200 S	outh Pine Island Road		1: 16 STATE FLORID
Florida Street Addr	ess (P.O. Box <u>NOT</u> A	CCEPTABLE)	- >
Plantation	FL	33324	_
	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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

CT Corporation SysteChris McNedir
(Signiture) Assistant Secretary

\$ 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

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWNPOINTE BUILDINGS, 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 THIRTEENTH DAY OF JANUARY, A.D. 2009.

OPFEB 17 PM 1: 16
SECRETARY OF STATE

4644233 8300

090027883
You may verify this certificate online at corp. delaware. gov/authver.shtml

Warriet Smila Windon

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7077675

DATE: 01-13-09