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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: GREENBERG TRAURIG (ORLANDO) Account Name

Account Number: 103731001374

Phone

: (407)418-2435

Fax Number : (407)420-5909

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IP4 Owner LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$160.00 A. LUNT XANINER

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

IN COMPLIANCE 191TH SECTION 608 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IP4 Owner LLC	
(Name of foreign lim	ited liability company)
Delaware     (Jurisdiction under the law of which foreign limited liability company is organized)	3. Applied For (FEI number, if applicable) 75 5
4. June 9, 2009	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Acceptance	e sections 608.501, 608.502, and 817.155, F.S.)
7. c/o Eola Capital LLC. One Independent Drive.  Jacksonville, Florida 32202  (Street address of the street ad	of principle office)
9. The name and usual business addresses of the management	ging members or managers are as follows:
Troy Cox	
512 E. Washington Street	
Orlando, Florida 32801	
having custody of records in the jurisdiction unde	more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not guage, a translation of the certificate under oath of the

11. Nature of business or purposes to be conducted or promoted in Florida: Acquire, hold, operate, manage, finance, develop, lease, sell, exchange and otherwise dispose of real estate located in Florida.

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 berein are true.)

Troy M. Cox
Typed or printed name of signee

ROM	:	FAX NO.	:

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## CERTIFICATE OF DESIGNATION OF REGISTER 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 Limited	Liability	Company	is:
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1P4 Owner LLC

2. The name and the Florida street address of the registered agent and office are:

Henry F. Pratt, III (Name)

c/o Eola Capital LLC, One Independent Drive, Suite 1850
Fiorida street address (P.O. Box NOT ACCEPTABLE)

Jacksonville, FL 32202 (City/State/Zip) SECRETARY OF STAIL SIGN

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, F.S.

(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

#### The First State

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IP4 OWNER 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 ELEVENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IP4 OWNER LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2009.

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

DATE: 06-11-09

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