M1100005811

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	<u> </u>	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only

B. KOHR

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EXAMINER



100214040321

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RECEIVED

11 NOV 16 PH 4: 42

SECRETARY OF STATE

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November 17, 2011

TROY TODD CSC TALLAHASSEE, FL

SUBJECT: IIT TAMARAC BUSINESS CENTER LLC

Ref. Number: W11000058259



We have received your document for IIT TAMARAC BUSINESS CENTER LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

Please list the NAMES of the MANAGERS or MANAGING MEMBERS in Item 9.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 311A00026036





ACCOUNT NO. : I2000000195

REFERENCE :

978566

7697940

AUTHORIZATION

COST LIMIT

ORDER DATE: November 11, 2011

ORDER TIME: 8:47 AM

ORDER NO. : 978566-070

CUSTOMER NO: 7697940

FOREIGN FILINGS

NAME:

IIT TAMARAC BUSINESS CENTER

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HT Tamarac Business Center LLC			
	Name of Limited Liability Company		
	Foreign Limited Liability Company for Authorization to Transact Business in Florida, $^{\rm ic}$ C itted to register the above referenced foreign limited liability company to transact busines		
Please return all correspondence	te concerning this matter to the following:		
Owen Nilan	nd _		
94(4-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	Name of Person		
Industrial In	ncome Trust Inc.,		
	Firm/Company		
518 17th Str	518 17th Street, Suite 1700		
	Address		
Denver, CO	80202		
\	City/State and Zip Code		
oniland@div	videndcapital.com		
	E-mail address: (to be used for future annual report notification)		
For further information concerni	ting this matter, please call:		
Owen Niland	at (303 y) 226-9893		
Name	e of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the \$\ \text{\$125.00 Filing Fee} \text{\$\ \end{array}}	stollowing amount: \$\sigma\$\$130.00 \text{ Filing Fee & Since Status Status & Certificate Of Status & Certified Copy} \$\sigma\$\$\$ \sigma\$\$\$ Since \$\sigma\$\$\$ Si		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LARIE ITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IIT Tan	marac Business Center LLC ne of Foreign Limited Liability Com			1 C " or " 1 C ")
(INali.	le of Poteign Elithited Diaonity Com	ipany; must includ	E Enimed Liability Company, L.	E.C., Of EEC.)
consent of th	available, enter alternate name adopthe managers or managing members "L.L.C," "Ll.C.")			
	rre ion under the law of which foreign l is organized)	3, imited liability	_TBD (FEI number, if app	licable)
4. 11/11/2		5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability exist or "perpetual")	company will cease to
6.				
	(Date first transacte (See sections 608.50)	ed business in Flori 1 & 608,502 F.S. to	da, if prior to registration.) o determine penalty liability)	NON 18
7. 518 17tl	h Street, Suite 1700, Denver, (CO 80202		
	A	(Street Address of	Principal Office)	N IS PH 4:
8. If limite	ed liability company is a mana	nger-managed co	ompany, check here	P# 4: 42
9. The nar	me and usual business address	es of the manag	ing members or managers are	as follows:
518 17	7th Street, Suite 1700, Denver,	, CO 80202		
IIT Re	eal Estate Holdco LLC			
the jurisdiction translation of	l is an original certificate of existence, r on under the law of which it is organiz I the certificate under oath of the transla e of business or purposes to be	ed. (A photocopy is ator must be submit	s not acceptable, If the certificate is in text.)	a foreign language, a
 	Som	zu-		•
	- · · · · · · · · · · · · · · · · · · ·		orized representative of a mer	
	penalties of perjury that the facts st	ated herein are true.	on of this document constitutes an affin I am aware that any false information third degree felony as provided for	on submitted in a
	Joshua I Widoff	CVD & Canaral	Councel of ite Member	

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	of the Limited Liability Company is:				
IIT Tamarac Business Center LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name a	and the Florida street address of the registered agent and office are:				
	Corporation Service Company				
	(Name)				
	1201 Hays Street				
	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.

Corporation Service Company

Troy Todd
as its agent

(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IIT TAMARAC BUSINESS CENTER 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 FIFTEENTH DAY OF NOVEMBER, A.D.

2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IIT TAMARAC BUSINESS CENTER LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5064825 8300

111196072

AUTHENT (CATION: 9156677

DATE: 11-15-11

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