11/7000000351

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
W16-86072 MGol								

Office Use Only



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12/23/16--01011--022 **125.00

SECRETARY OF SCALL

K. SALY JAN 13 2017

TD: Ms saly.

Per your request,

Thank,

Mirà Dable

RIDA DEPARTMENT OF STATE **Division of Corporations**

December 27, 2016

MINA DOBLMEIER IP 105 OWNER, LLC 910 SE 17TH ST, STE. 400 FORT LAUDERDALE, FL 33316

SUBJECT: IP 105 OWNER, LLC Ref. Number: W16000086072



We have received your document for IP 105 OWNER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Karen A Saly Regulatory Špecialist II

Letter Number: 716A00027484

COVER LETTER

TO:	Registration of	on Section Corporations							
CLUD II	D.C.T.			VNER, LLC					
Name of Limited Liability Company									
			ign Limited Liability Comp to register the above refere						
Please	return all corr	respondence co	ncerning this matter to the	following:					
			MINA D	OBLMEIER					
	Name of Person								
IP 105 OWNER, LLC									
	Firm/Company								
	910 SE 17TH STREET, STE 400								
	Address								
	FORT LAUDERDALE, FL 33316								
	City/State and Zip Code								
			minad@ins						
			E-mail address: (to be used	d for future annual	report not	ification)			
For fu	rther informati	ion concerning	this matter, please call:						
	M	IINA DOBLM	EIER	954 at (6800			
		Name of	Contact Person	Area Code	Day	time Telephone Number			
	Division of Registration P.O. Box 6				Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
Enclos	sed is a check □ \$125.00	for the following Filing Fee	ng amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Conf Status & Certified Conf			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	IP 105 OW	VNER, LLC						
(Name of Forei	gn Limited Liability Company; mu	ust include "Limite	ed Liability Company," "L.L.C.,"	or "LLC.")				
(If name unavailable, enter alt	ernate name adopted for the purpos	se of transacting b	usiness in Florida. The alternate	name must include "Limited				
Liability Company," "L.L.C,"		,						
DELAWAR		3.	APPLIED FOR					
(Jurisdiction under the law of company is organized)	of which foreign limited liability		(FEI number, if applica	ble)				
4	UPON FILING							
4.	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, if p 5.0905, F.S. to det	erior to registration.) ermine penalty liability)					
5.	910 SE 17TH STREET, STE 400							
	FORT LAUDERDALE, F	TILET MILLOR						
	(Street Address of	-						
6	910 SE 17TH STREET, S	TE 400	-W					
	FORT LAUDERDALE, I	FL 33316		Ede H				
	(Mailing	(Address)						
7. Name and street address	s of Florida registered agent: (F	P.O. Box NOT	acceptable)					
Name:	MINA DOBLMEIER							
Office Address:	910 SE 17TH STREET, ST	E 400						
	FORT LAUDERDAL	.E	, Florida(Zip code)					
Registered agent's accept	(City)		(Zip code)					
Having been named as reg designated in this applicat to complywith the provision	gistered agent and to accept serion, I hereby accept the appoir ons of all statutes relative to the ny position as registered agent.	ntment as registe e proper and con	ered agent and agree to act in nplete performance of my du Unua	iability company at the place o this capacity. I further agree tties, and I am familiar with and				
	(Regis	stered agent's sign	iature)					
8. The name, title or capa	city and address of the person(s	s) who has/have	authority to manage is/are:					
	IP 10:	5, LLC (MGR						
	910 SE 17TH ST	REET, STE 400						
	FORT LAUDERI	DALE, FL 33316	5	.				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 dof which it is organized. (If the abmitted)	lays old, duly au certificate is in a	thenticated by the official hav foreign language, a translatio	ing custody of records in the on of the certificate under oath				
	Signatur	re of an authorized	l person					
This document is executed submitted in a document to	in accordance with section 605 the Department of State constitution		orida Statutes. I am aware that ree felony as provided for in s.	t any false information 817.155, F.S.				
	BEN SHMUI	L						
	Typed or	r printed name of s	ignee					

Page 1



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

DELAWARE, DO HEREBY CERTIFY "IP 105 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 FIFTH DAY OF DECEMBER, A.D. 2016.





Authentication: 203445987

Date: 12-05-16

5852963 8300 SR# 20166905033