

1/22/2020

Division of Corporations

Florida Department of State
Division of Corporations
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.

(((H20000024796 3)))



H200000247963ABC/

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

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LDWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4500
Fax Number : (407)843-4444
Tami Passley

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dilipkang@yahoo.com

Foreign Limited Liability Company

IPH Owner, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2020 JAN 22 AM 8:37

Electronic Filing Menu

Corporate Filing Menu

Help

45

✓

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IPII Owner, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a

(If foreign entity's name already used for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware n/a
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (File number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
 (See sections 601.0904 & 601.0905, F.S., on determining priority liability)

5. 1408 N. Westshore Blvd., Suite 502
(Street Address of Principal Office)
 Tampa, Florida 33607

6. 1408 N. Westshore Blvd., Suite 502
(Mailing Address)
 Tampa, Florida 33607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

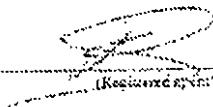
Name: Dilip Kanji

Office Address: 1408 N. Westshore Blvd., Suite 502

Tampa 33607
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

2020 JAN 22 PM 4:37
 TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

☒ Manager Name: Dilip Kanji

☐ Member Address: 1408 N. Westshore Blvd,

☐ Authorized Suite 502

Person Tampa, Florida 33607

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

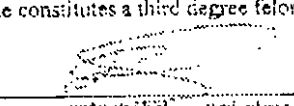
Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Dilip Kanji

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IPII 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 FIFTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

2020 JAN 22 PM 4:37
TALLAHASSEE, FLORIDA



7734390 8300

SR# 20200294904

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

A handwritten signature in black ink, appearing to read "JBullock", written over a horizontal line.

Authentication: 202192021

Date: 01-15-20