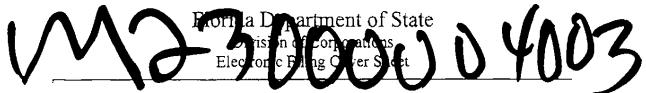
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Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132

Phone : (305)374-7580 Fax Number : (305)351-2122

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

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Foreign Limited Liability Company IPCP 4908 Tampa West, LLC

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Help

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

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: IPCP 4908 TAMPA WEST, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternam name adopted for the purpose of transacting butiness in Florida. The alternate name must include "Limited Liability Company," "L.I.C." or "LIC.") Oursaliction under the law of which foreign limited liability company is organized) 225 NE Mizner Blvd., Suite 400 225 NE Mizner Blvd., Suite 400 (Street Address of Principal Office) Boca Raton, FL 33432 Boca Raton, FL 33432 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jason Isaacson Name: 225 NE Mizner Blvd., Suite 400 Office Address: Boca Raton , Florida _ 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)

/s/Jason Isaacson

itle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
Manager	IPCP Tampa West Industrial Member, LLC Name:	□Manager	Name:		
Member	Address:	□Member	Address: _		
Authorized	225 NE Mizner Blvd., Suite 400	☐ Authorized			
Person	Boca Raton, FL 33432	Person			
Other	Other	□Other		□ Other	
Manager	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·	
Member	Address:	□Member		·	
Authorized		□Authorized			
Person		Person			
Other	□Other	□Other		Other	
Manager	Name:	□Manager	Name:	18.	
Member	Address:	□Member	Address:		
Authorized		☐ Authorized			
Person		Person	<u></u>		
Other	Other	□ Other		☐ Other	

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.

Signature of an authorized person

Typed or printed name of signee

/s/Jason Isaacson

Jason Isaacson

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IPCP 4908 TAMPA WEST, 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 TWENTIETH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IPCP 4908 TAMPA WEST, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 202954126

Date: 03-20-23