



04970601

FEB 23 2015

FILE NO. R.1986926.8

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**APPLICATION FOR REGISTRATION
OF FOREIGN LIMITED LIABILITY COMPANY**

Please read Instructions L025i

1. **ENTITY TYPE – check only one** to indicate the type of entity applying for registration:

☒ LIMITED LIABILITY COMPANY

☐ PROFESSIONAL LIMITED LIABILITY COMPANY

2. **NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME)** – enter the exact, true name of the foreign LLC:

IPA NORTH 50TH, LLC

3. **NAME TO BE USED IN ARIZONA (ENTITY NAME)** – Identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:

3.1 ☒ **Name in state or country of formation**, with no changes or additions – go to number 4 and continue.

3.2 ☐ **Fictitious name** – check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. **NOTE** – a resolution of the company adopting the fictitious name must be attached to and submitted with this form.

3.3 **If you checked 3.2**, enter or print the name to be used in Arizona:

4. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** – if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

5. **FOREIGN DOMICILE** – list the state or country in which the foreign LLC was formed:

Michigan

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 03/20/2013

7. **PURPOSE OR GENERAL CHARACTER OF BUSINESS** – describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona:

Holding of Real Estate

8. STATUTORY AGENT IN ARIZONA:						
8.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:				8.2 OPTIONAL – Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):		
William J. Fettis						
Statutory Agent Name (required)						
Attention (optional) 11022 South 51st Street				Attention (optional)		
Address 1 Suite 101				Address 1		
Address 2 (optional) City Phoenix		State AZ	Zip 85044	Address 2 (optional) City		State Zip
8.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.						

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** – *see Instructions L025i* – give the **physical or street address** (not a P. O. Box) of the foreign LLC required to be maintained in its state of organization, or, if not so required, of the foreign LLC's statutory agent in its state or country of organization:

Robert L. Diamond		
Attention (optional)		
1600 S. Beacon Blvd.		
Address 1		
Suite 200		
Address 2 (optional) Grand Haven		MI
City		Zip 49417
Country UNITED STATES	State or Province	

10. OPTIONAL – ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:


- 10.1** Is the Arizona known place of business street address the same as the **street address** of the statutory agent? ☒ Yes – go to the next page and continue.
☐ No – complete number 10.2 and continue.
- 10.2** If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

COMPLETE NUMBER 11 OR NUMBER 12 – NOT BOTH.

- 11. MANAGER-MANAGED LLC** – *see Instructions L025i* – check this box ☒ if management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 12. MEMBER-MANAGED LLC** – *see Instructions L025i* – check this box ☐ if management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 13. SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

 **Robert L. Diamond** 1-29-15

Signature Printed Name Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input type="checkbox"/> I am a duly authorized agent for this LLC.
--	---	--

Filing Fee: \$150.00 (regular processing)
Expedited processing – add \$35.00 to filing fee.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

IPA NORTH 50TH, LLC

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

William J. Fettis

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



William J. Fettis

1-29-15

Signature

Printed Name

Date

REQUIRED – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

IPA NORTH 50TH, LLC

2. **A.C.C. FILE NUMBER** (if known):

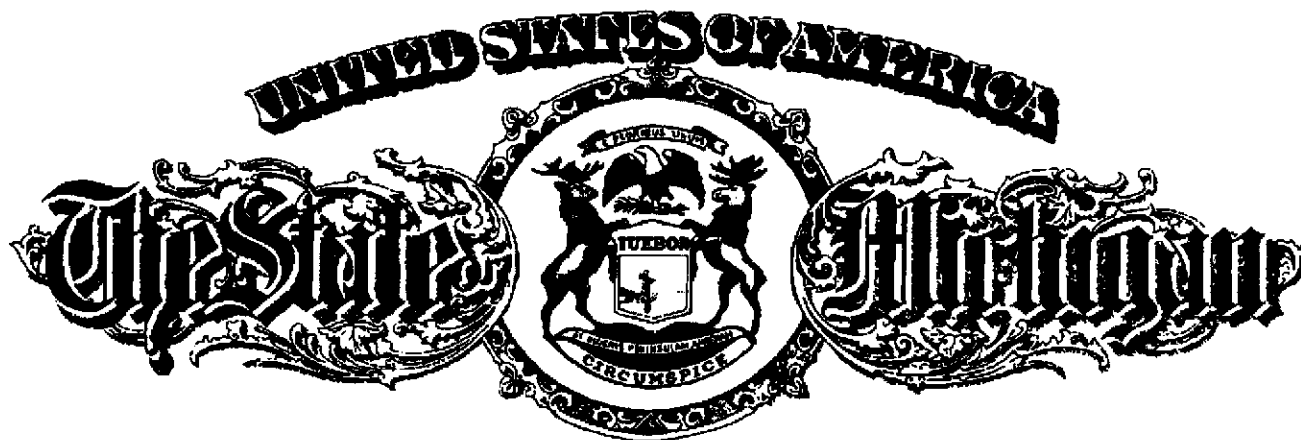
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **Check one box only to indicate what document the Attachment goes with:**

- ☐ Articles of Organization ☐ Articles of Amendment
☒ Application for Registration ☐ Articles of Amendment to Application for Registration

4. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – *do not check both member boxes*. If more space is needed, use another Manager Structure Attachment form.

IPA HOLDING, LLC			William J. Fettis		
Name 1600 South Beacon Blvd.			Name 7167 Rancho Vista Drive #3002		
Address 1 Suite 260			Address 1		
Address 2 (optional) Grand Haven		MI	Address 2 (optional) Scottsdale		AZ
City UNITED STATES		Zip 49417	City UNITED STATES		Zip 85251
Country <input type="checkbox"/> Manager		<input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member	Country <input checked="" type="checkbox"/> Manager		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member
Robert L. Diamond			Scott Brooks		
Name 1600 South Beacon Blvd.			Name 1600 South Beacon Blvd.		
Address 1 Suite 200			Address 1 Suite 200		
Address 2 (optional) Grand Haven		MI	Address 2 (optional) Grand Haven		MI
City UNITED STATES		Zip 49417	City UNITED STATES		Zip 49417
Country <input checked="" type="checkbox"/> Manager		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member	Country <input checked="" type="checkbox"/> Manager		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member
Patrick Gaughan					
Name 1600 South Beacon Blvd.			Name		
Address 1 Suite 200			Address 1		
Address 2 (optional) Grand Haven		MI	Address 2 (optional)		
City UNITED STATES		Zip 49417	City		Zip
Country <input checked="" type="checkbox"/> Manager		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member	Country <input type="checkbox"/> Manager		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

IPA NORTH 50TH, LLC

was validly organized on March 20, 2013 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1292255

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 3rd day of February, 2015*

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau