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.

(((H11000304118 3)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092 : (850)878-5368

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

Part 1	Addwage			

FLORIDA/FOREIGN LP/LLLP

Kissimm Leased Housing Associates I, Limited Partner Certificate of Status Certified Copy Page Count 06 Estimated Charge \$1,000.00

Electronic Filing Menu

Corporate Filing Menu

K11000304109

DEC 3 0 2011

EXAMINER

File 2nd LLC after filing

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Kissimmee Leased Housing Associa	stes I, Limited Partnership			
Name of Florida Limited Pa	rtnership or Limited Liability	Limited Partnership		
The enclosed Certificate of Limited Partner	rship and fees are submi	tted for filing.		
Please return all correspondence concerning	g this matter to:			
William T. Peffer				
Contact Person				
Winthrop & Weinstine, P.A.		ન <b>ન</b>		
Firm/Company		7 × 5 ×		
225 S Sixth Street STE 3500		روم مسم اینز حملا	吊	
Address		30	C 29	
Minneapolis, MN 55402				í
City, State and Zip Code		بالمالية (ع) (ع)	を	1
wpeffer@winthrop.com		01 US	<b>@</b>	•
E-mail address: (to be used for future annual r	eport notification)	224	12	
For further information concerning this ma	tter, please call:	Þ		
	at (			
Name of Contact Person	Area Code and Daytin	ne Telephone Number		
Enclosed is a check for the following amou	int:			
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent \$51,008.75 Filing Fees \$1,008.75 Filing Fees and \$25 Registered Agent \$25 Registered Ag	\$1,052.50 Filing Pees and Certified Copy	\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			
CR2E030 (01/06)				

# CERTIFICATE OF LIMITED PARTNERSHIP OF KISSIMMEE LEASED HOUSING ASSOCIATES I, LIMITED PARTNERSHIP

The undersigned, intending to form a limited partnership pursuant to section 620.1201 et seq. of the Florida Statutes (the "Act"), does hereby make and execute the following Cortificate of Limited Partnership (the "Cortificate"):

### ARTICLE I NAME

The name of the Partnership is: Kissimmee Leased Housing Associates 1, Limited Partnership (the "Partnership").

### ARTICLE II BUSINESS

- 1. The general character of the business of the Partnership shall be to acquire, construct, develop, lease, operate, manage and own a low-income housing development and related real and personal property located in the City of Kissimmee, State of Florida (the "Project").
  - 2. The Partnership shall not be a limited liability limited partnership.

### ARTICLE III OFFICE: AGENT

- 1. The street and mailing address of the initial designated office of this Partnership shall be at: 2905 Northwest Boulevard, Suite 150, Plymouth, Minnesota 55441.
- 2. CT Corporation System shall act as registered agent for the Partnership in Florida. CT Corporation System's address in Florida is: 1200 South Pine Island Road, Plantation, FL 33324.

### ARTICLE IV PARTNERS

The name and street and mailing address of the general partner (the "General Partner") of this Partnership is:

Kissimmee Leased Housing Associates SLP I, LLC 2905 Northwest Boulevard, Suite 150 Plymouth, Minnesota 55441

n/1000006485

The name and street and mailing address of the initial limited partner of this Partnership is:

Polaris Holdings I, LLC

### 2905 Northwest Boulevard, Suite 150 Plymouth, Minnesota 55441

### ARTICLE V TERMINATION AND DISSOLUTION

- 1. The Partnership shall be terminated upon the earlier of:
  - The expiration of the term of the Partnership on December 31, 2061.
  - b. The date the Project is sold or otherwise disposed of, provided that if notes or other evidence of indebtedness are received in consideration of such sale or disposition, the Partnership will not terminate until such notes are paid in full or otherwise disposed or by the Partnership; or
  - The dissolution of the Partnership pursuant to the Act. C,
- The business of the Partnership may be continued in accordance with the terms of the Act in the event of the dissociation of a general partner or a limited partner.
- 3. This Certificate shall be amended if and when the Act requires it and at such other times as the partners may determine.

#### ARTICLE VI APPLICATIONS

Any officer of the General Partner of the Partnership is authorized to sign and apply for financing commitments and tax credit allocations on behalf of the General Partner and the Partnership.

## ARTICLE VII

All other matters of the Partnership shall be governed by that certain Agreement of Partnership of the Partnership, as may be amended from time to time.

[THE REMAINDER OF THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY.] Limited Partnership of the Partnership, as may be amended from time to time.

IN WITNESS WHEREOF, the undersigned, the sole General Partner of the Partnership, submits this Certificate and affirms that the facts stated herein are true, is aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in s. 817.155, F.S., and has caused this Certificate of Limited Partnership to be executed as of December 28, 2011.

#### GENERAL PARTNER:

Kissimmee Leased Housing Associates SLP I, LLC, a Minnesota limited liability company

Paul R. Sween, Chief Manager

THIS INSTRUMENT DRAFTED BY: Winthrop & Weinstine, P.A. 225 South Sixth Street, Suite 3500 Minneapolis, Minnesota 55402

TIDEC 29 AH 10: 24

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.

CT Corporation System

Вγ;

Jeanne Nelson, Assistant Secretary

FILED