

Division of Corporations

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**A1400000447**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (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.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
14 AUG 28 AM 6:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA/FOREIGN LP/LLLP  
Naples Leased Housing Associates II, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

FILED  
14 AUG 28 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*gpk*  
*8/29/14*

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Naples Leased Housing Associates II, LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

John M. Stern, Esq.  
Contact Person

Winthrop & Weinstine, P.A.  
Firm/Company

225 S. Sixth St., Ste. 3500  
Address

Minneapolis, MN 55402  
City, State and Zip Code

eroskem@Dominumino.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John M. Stern, Esq. at (612) 604-6400  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees 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  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Naples Leased Housing Associates II, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or L.L.L.P.

2. 2001 West Blue Herron Blvd.

(Street address of initial designated office)

Riviera Beach, FL 33404

3. TPI Communities, LLC

(Name of Registered Agent for Service of Process)

4. 2001 West Blue Herron Blvd.

(Florida street address for Registered Agent)

Riviera Beach, FL 33404

5. 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.

TPI Communities, LLC

By:

  
Signatures of Registered Agent

6. 2001 West Blue Herron Blvd.

(Mailing address of initial designated office)

Riviera Beach, FL 33404

7. If limited partnership elects to be a limited liability limited partnership, check box

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
TPI Communities, LLC	2001 West Blue Heron Blvd.
	Riviera Beach, FL 33404

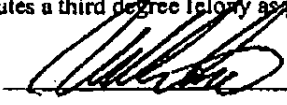
9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 27<sup>th</sup> day of August, 2014

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true; I/We am/are 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.

By: Mark S. Moorhouse, Vice President of  
TPI Communities, LLC, its general partner



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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ALLAHASSEE, FLORIDA

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