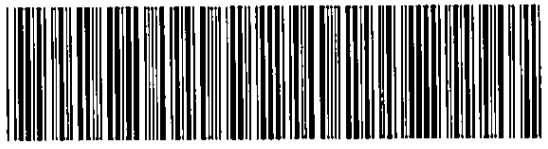


A22000000650



100395778601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22-144864
LL

Office Use Only

2022 NOV 18 PM 1:05

2022 NOV 18 AM 8:48

APPROVED
AND
FILED

NOV 28 2022
K. Brumby

CT CORP

**3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724**

Date: 11/18/2022

Acc#120160000072

Eric DWH

Name:	Kissimmee Leased Housing Associates IV, LLLP
Document #:	
Order #:	14643066

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **1052.50**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kissimmee Leased Housing Associates IV, 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:

Dan Bolles
Contact Person
Dominium Development & Acquisition, LLC
Firm/Company
2905 Northwest Boulevard, Suite 150
Address
Plymouth, MN 55441
City, State and Zip Code
dan.bolles@dominiuminc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Henderson at (612) 604.6477
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

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Kissimmee Leased Housing Associates IV, 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 LLLP.*

2. 2905 Northwest Boulevard, Suite 150
(Street address of initial designated office)
Plymouth, MN 55441

3. C T Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road
(Florida street address for Registered Agent)
Plantation, Florida 33324

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.*

C T Corporation System
By: _____
Signature of Registered Agent

6. 2905 Northwest Boulevard, Suite 150
(Mailing address of initial designated office)
Plymouth, MN 55441

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

APPROVED
AND
FILED
2022 NOV 18 AM 8:48
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

8. Name and business address of each general partner:

Name:

Business Address:

Kissimmee Leased Housing Associates III, LLC

2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 17th day of November, 2022

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.

Kissimmee Leased Housing Associates III, LLC, its general partner

J

By: Timothy S. Allen, Authorized Signor

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