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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KTJ Limited Partnership One Hundred Forty

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

David A. Scott, Esq.

(Contact Person)

Morrison Fenske & Sund, P.A.

(Firm/Company)

5125 County Road 101, Suite 202

(Address)

Minnetonka, MN 55345

(City, State and Zip Code)

For further information concerning this matter, please call:

David A. Scott

(Name of Contact Person)

at (952) 277-0118

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. KTJ Limited Partnership One Hundred Forty

(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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Minnesota

(State or Country of Formation)

3. April 13, 2006

(Date of Formation)

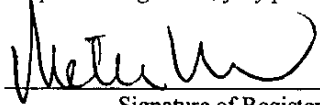
4. CT Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, FL 33324

(Florida street address for Registered Agent)

6. 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.



Signature of Registered Agent

Michele Miller
Assistant Secretary

7. 5125 County Road 101, Suite 100

(Principal office address)

Minnetonka, MN 55345

8. If limited partnership is a limited liability limited partnership, check box ☐

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DIVISION OF CORPORATIONS

9. 5125 County Road 101, Suite 100

(Mailing address)

Minnetonka, Minnesota 55345

10. Name, principal office address, and mailing address of each general partner:

Oppidan, Incorporated

(Name)

5125 County Road 101

(Street Address)

Suite 100

Minnetonka, Minnesota 55345

(Mailing Address)

FO6-5554

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____

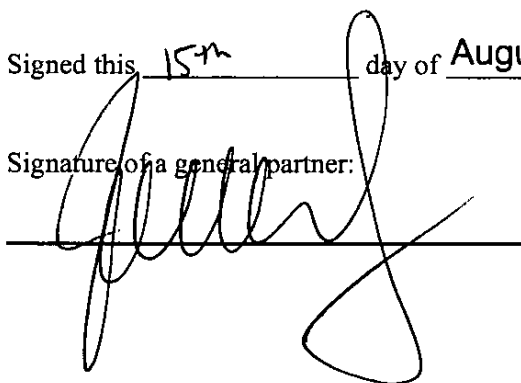
11. Effective date, if other than the date of filing: _____.

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 15th day of August, 20 06.

Signature of a 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

State of Minnesota

SECRETARY OF STATE

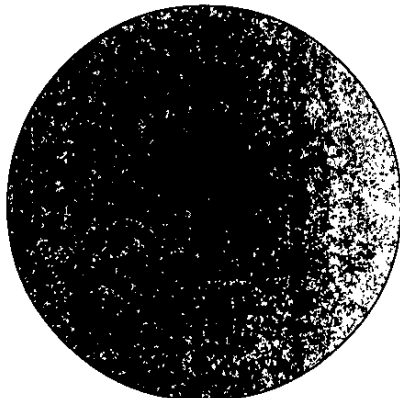
Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited partnership listed below is a limited partnership formed under the laws of Minnesota; that the limited partnership was formed pursuant to Minnesota Statutes, by the filing of a Certificate of Limited Partnership with the Office of the Secretary of State on the date listed below; and that this limited partnership is authorized to do business as a limited partnership at the time this certificate is issued.

Name: KTJ Limited Partnership One Hundred Forty

Date Formed: 04/13/2006

This certificate has been issued on 08/11/06.



Mary Kiffmeyer
Secretary of State.