

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 : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5258

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA/FOREIGN LP/LLP

Tallahassee Leased Housing Associates II, Limited Partnership

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 17 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee Leased Housing Associates II, Limited Partnership
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:

Katie Pichtner

Contact Person

Dominium Development & Acquisition

Firm/Company

2905 Northwest Boulevard, Suite 150

Address

Plymouth, MN 55441

City, State and Zip Code

kfpichtner@Dominiumltd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Witzany

Name of Contact Person

at (612) 604-6567

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

☐ \$1,051.25 Filing Fee,
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Tallahassee Leased Housing Associates II, Limited Partnership

(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. 08/09/2011

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

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.

By: Michele Miller

C T Corporation System

Michele Miller

Signature of Registered Agent

Assistant Secretary

7. Principle Office: (Florida Street Address)

2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

8. Mailing Address:

2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

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

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

Name of General Partner: Tallahassee Leased Housing Associates II, LP

Street Address: 2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

Street Address:

Mailing Address: 2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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TALLAHASSEE, FLORIDA

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Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____
Mailing 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, 2011

Tallahassee Leased Housing Associates I, LLC

Signature of a general partner

By: Armond H. Brachman, Secretary

The individual signing this document affirms that the facts stated herein are true and that the individual is aware that 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.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

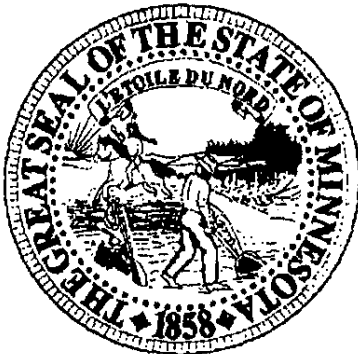
Certificate of Good Standing

I, Mark Ritchie, 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: Tallahassee Leased Housing Associates II, Limited Partnership

Date Formed: 08/09/2011

This certificate has been issued on 03/16/11.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mark Ritchie
Secretary of State.