

Division of Corporations

B/2000000/65

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H12000195406 3)))



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

From: Account Name : QUARLES & BRADY LLP
Account Number : I200000000067
Phone : (239) 262-5959
Fax Number : (239) 434-4999

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

Email Address: MSWEET@DECADEGROUP.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG -1 PM 10

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FLORIDA/FOREIGN LP/LLP
Decade Companies Preferred Placement VIII, LP

Certificate of Status	0
Certified Copy	0
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A. LUNT

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DECADE COMPANIES PREFERRED PLACEMENT VIII, A 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:

MICHAEL SWEET

Contact Person

DECADE COMPANIES

Firm/Company

13555 BISHOP'S COURT, SUITE 345

Address

BROOKFIELD, WI 53005

City, State and Zip Code

MSWEET@DECADEGROUP.COM

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

For further information concerning this matter, please call:

MICHAEL SWEET

at (262) 797-9215

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 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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TALLAHASSEE, FLORIDA

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

1. DECADE COMPANIES PREFERRED PLACEMENT VIII, A 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. WISCONSIN

State or Country of Formation

3. 12/06/1984

Date of Formation

4. Federal Employer Identification Number 39-1505045

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

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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.

CT CORPORATION SYSTEM

Katie Szramek

Assistant Secretary

By: [Signature]

Signature of Registered Agent

7. Principal Office:

424 22ND STREET

BELLAIR BEACH, FL 33786

8. Mailing Address:

13555 BISHOP'S COURT, SUITE 345

BROOKFIELD, WI 53005

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: DCPP VIII GP, LLC

Name of General Partner: _____

Street Address: 240 BAYSIDE DRIVE

Street Address: _____

CLEARWATER, FL 33767-2503

Mailing Address: L04-93158

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

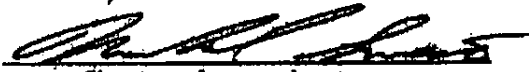
Mailing Address: _____ Mailing Address: _____

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 31ST day of July, 20 12.



Signature of a general partner

MICHAEL SWEET

The individual signing this document affirm that the facts stated herein are true and 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 Fee:	\$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

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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DECADE COMPANIES PREFERRED PLACEMENT VIII, A LIMITED PARTNERSHIP

is a domestic Limited Partnership organized under the provisions of sec. 179.11(2) of the Wisconsin Statutes and that its date of organization is December 6, 1984.

I further certify that it appears from the records of this department that said organization continued and now is duly and legally formed, organized and existing by and under the laws of this state.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 1, 2012.

Paul M. Holzem

PAUL M. HOLZEM, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 109577-49ABFFE4