

B12000000277

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000277153 3)))



H120002771533ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : NRAI CORPORATE SERVICES, INC.
Account Number : 120080000023
Phone : (651) 225-9500
Fax Number : (651) 225-9579

FILED
2012 NOV 26 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
MPLE Manor Apartments Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

RECEIVED
12 NOV 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
NOV 27 2012
EXAMINER

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

1. MPLE Manor Apartments 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.

MN MPLE Manor Apartments Limited Partnership

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. 05/31/1990

Date of Formation

4. Federal Employer Identification Number: 41-60662215. Name of Registered Agent for Service of Process and Florida Street Address:NRAI Services, Inc.515 East Park AvenueTallahassee, FL 32301

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 Agent7. Principal Office:1107 Hazeltine Boulevard, Suite 200Chaska, MN 553188. Mailing Address:1107 Hazeltine Boulevard, Suite 200Chaska, MN 55318

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: John B. Goodman Enterprises, Inc. Name of General Partner: _____Street Address: 1107 Hazeltine Boulevard, Suite 200

Street Address: _____

Chaska, MN 55318Mailing Address: 1107 Hazeltine Boulevard, Suite 200

Mailing Address: _____

Chaska, MN 55318

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 26 AM 11:41

FILED

Page 1 of 2

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: 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 28th day of November, 20 12
John B. Goodman Enterprises, Inc.

By [Signature] Dan R. Peterka, Its Vice President
Signature of a general partner

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

Page 2 of 2

2012 NOV 26 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

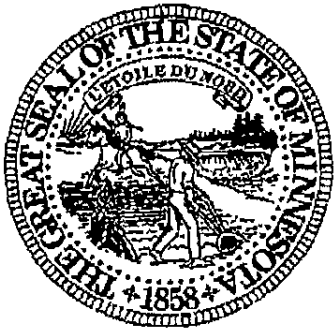
FILED

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	MPLE Manor Apartments Limited Partnership
Date Filed:	05/31/1990
File Number:	LP-4541
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/26/2012



Mark Ritchie

Mark Ritchie
Secretary of State
State of Minnesota