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.

(((H17000023588 3)))



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 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845 inter 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

## Winter Haven Leased Housing Associates I, LLLP

FILE SECOND **AFTER** 

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FILE H17000023594 3

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January 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: WINTER HAVEN LEASED HOUSING ASSOCIATES 1, LLLP

REF: W17000007354

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: B17000023588 Letter Number: 017A00001618

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

1. Winter Haven Leased Housing Associates I, LLLP

State or Country of Formation  State or Country of Formation  Federal Employer Identification Number:  Name of Registered Agent for Service of Process and Florida Street Address:  C T Corporation System  1200 South Pine Island Road  Plantation, Florida 33324  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.  ST Corporation System  Hield M. Liesch  By: No. 1 Assistant Secretary  Signature of Registered Agent  Principal Office:  8. Mailing Address:  2905 Northwest Boulevard, Suite 150  Plymouth, MN 55441  Plymouth, MN 55441  Plymouth, MN 55441  Mailing Address:  2905 Northwest Boulevard, Suite 150  Street Address:  Plymouth, MN 55441  Mailing Address:  Mailing Address:  Name of General Partner:	ii name unavailab	le, name under which the limited partnersh business in Florida	nip or limited liability limited partnership proposes to register to transact must contain acceptable suffix.
State or Country of Formation  Belon For	2. Minnesota	Amotheum III F 104 IAM	
So Name of Registered Agent for Service of Process and Florida Street Address:  CT Corporation System  1200 South Pine Island Road  Plantation, Florida 33324  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  Hiedl M. Liesch  By: No. YM & O. Assistant Secretary  Signature of Registered Agent  Principal Office:  8. Mailing Address:  2905 Northwest Boulevard, Suite 150  2905 Northwest Boulevard, Suite 150  Plymouth, MN 55441  Plymouth, MN 55441  Plymouth, MN 55441  Mailing Address:  Plymouth, MN 55441  Mailing Address:  Name of General Partner:	5	tate or Country of Formation	
CT Corporation System    200 South Pine Island Road	. Federal Employ	er Identification Number: 81-5095423	
Plantation, Florida 33324  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  By: Nock YN	. Name of Registe	ered Agent for Service of Process and Fig	orida Street Address:
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Name of General Partner:	Page 1 of 2 Nume of General Partner:	
	;	
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 dute this document is filed by	the Flortdu Department of State.)
12. Attached is a certificate of existence duly authentical Florida Department of State, by the Secretary of State or the law of which it is organized.	ted, not more than 90 days prior to the control of	lelivery of this application to the lity's records in the jurisdiction under
Signed this day of	n Lesson Hogerny Associates I, LLC, its	General Partner
Mark S. M The individual signing this document affirm that the fact submitted in a document to the Department of State cons  Filing Fees:  Certified Copy (optional):  Certificate of Status (optional):	gnature of a general partner corhouse, Senior Vice President, s stated herein are true and the individu situtes a third degree felony as provided \$1,000.00 (\$965 Filing Fee and \$ \$52.50 \$8.75	fór in s.817.155, F.S.
Certificate of Status (optional):	Page 2 of 2	2011 JAN 25 AM 9: 18 SLORE SAREE, PLOBILIN
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## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, 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:

Winter Haven Leased Housing Associates I,

LLLP

Date Filed:

01/25/2017

File Number:

930508300021

Minnesota Statutes, Chapter:

321

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/26/2017



Steve Simon

Secretary of State State of Minnesota