

B17000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

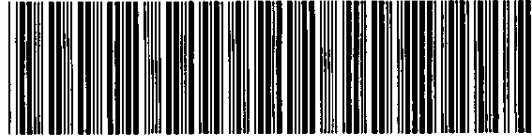
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000309176370

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2018 FEB -8 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

18 MAR -1 PM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2018

CT CORP

SUBJECT: WINTER HAVEN LEASED HOUSING ASSOCIATES I, LLLP
Ref. Number: B17000000022

We have received your document for WINTER HAVEN LEASED HOUSING ASSOCIATES I, LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

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.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 318A00002982

We are submitting a filing for
"Winter Haven Leased Housing Associates General
Partner I, LLC" today. Please file that
filing first + ~~file this second~~

Thank you

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TALLAHASSEE, FLORIDA

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/8/2018

Acc#120160000072



| | |
|-------------|------------------------------------------------|
| Name: | WINTER HAVEN LEASED HOUSING ASSOCIATES I, LLLP |
| Document #: | |
| Order #: | 10827962 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|----------------|-------------------|
| Filing: | Certified: |
| | Plain: |
| | COGS: |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ ~~82.50~~ 105.00

Thank you!

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Winter Haven Leased Housing Associates I, LLLP

2. The jurisdiction of its formation is: Minnesota

3. The date the entity was authorized to transact business in Florida is: 01/25/2017

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Winter Haven Leased Housing Associates
General Partner I, LLC

2905 Northwest Boulevard, Suite 150
Plymouth, MN 55441

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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.)

Signature of a general partner: _____

Typed or printed name:

Winter Haven Leased Housing Associates General Partner I, LLC

| | |
|-----------------------------------|---------|
| Filing Fee: | \$52.50 |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

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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: 02/08/2018



Steve Simon

Steve Simon
Secretary of State
State of Minnesota