

2/16/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H170000460523

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To:

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

From:

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

*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
Orlando Leased Housing Associates VII, LLLP

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

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

FEB 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Leased Housing Associates VII, LLLP

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:

John D. Nolde

Contact Person

Winthrop & Weinstine, P.A.

Firm/Company

225 South Sixth Street, Suite 3500

Address

Minneapolis, MN 55402

City, State and Zip Code

dan.bolles@Dominiuminc.com

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

For further information concerning this matter, please call:

John D. Nolde

at (612)

604-6400

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

FILED
17 FEB 17 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Orlando Leased Housing Associates VII, LLLP

(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 3. 10/03/2016
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 81-4021408

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 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.

By: C T Corporation System Cristie Myers Cristie Myers, Asst. Secretary

Signature of Registered Agent

7. Principal Office:

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: Orlando Leased Housing Associates

Street Address: 2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

VII, LLC

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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FEB 17 2017
TALLAHASSEE, FLORIDA

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:** _____
(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 16th day of February, 2017



Signature of a general partner

Mark S. Moorhouse, President of Orlando Leasing & Housing Associates VII, LLC, its General Partner

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 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

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 17 FEB 17 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**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:	Orlando Leased Housing Associates VII, LLLP
Date Filed:	10/03/2016
File Number:	904293900023
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota
This certificate has been issued on:	02/16/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA