

B17000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

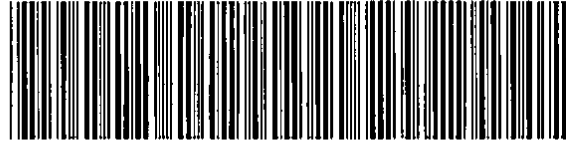
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800304141578

17 OCT -6 PM 2:29

FILED

2017 OCT -6 AM 10:47

D. SCOTT

OCT 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2017

CT CORP

SUBJECT: ORLANDO LEASED HOUSING ASSOCIATES X, LLLP
Ref. Number: W17000079791

CORRECTED
PLEASE KEEP
ORIGINAL FILE
DATE.

We have received your document for ORLANDO LEASED HOUSING ASSOCIATES X, LLLP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

GP must be active.,

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

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

Dionne M Pijaux
Regulatory Specialist

Letter Number: 117A00020292

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17 OCT 10 AM 11:05

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10/6/17

ACCT. I20160000072

en: c SW

Name:	Orlando Leased Housing Associates X, LLLP
Document #:	
Order #:	10664391

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<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: \$ 1,052.50



FILED
OCT - 6 A PM 47
TALLAHASSEE, FL 32312

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Leased Housing Associates X, L.L.P.

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 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

Williamson, G.

49-101-10112

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

1. Orlando Leased Housing Associates X, 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

State or Country of Formation

3. 10/6/2017

Date of Formation

4. Federal Employer Identification Number: 82-3011369

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: James M. Halpin C T Corporation System
James M. Halpin - Assistant Secretary
Signature of Registered Agent

7. Principal Office:

2905 Northwest Blvd, Ste 150

Plymouth, MN 55441

8. Mailing Address:

2905 Northwest Blvd, Ste 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 X, LLC

Street Address: 2905 Northwest Blvd, Ste 150

Plymouth, MN 55441

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

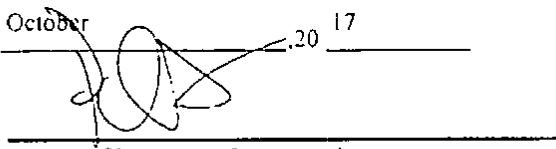
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6th day of October, 2017



Signature of a general partner

Paul R. Sween, President of Orlando Leased Housing Associates X, LLC

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

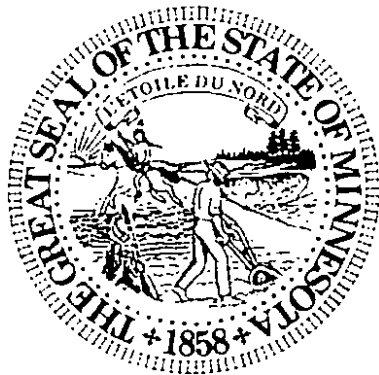
FILED
2017 OCT -6 A 10:14
TALLAHASSEE, FL

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 X,
LLLP
Date Filed: 10/06/2017
File Number: 972233900029
Minnesota Statutes, Chapter: 321
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/09/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

FILED
FALLS CHURCH, VIRGINIA

2017 OCT -6 AM 10:48

FILED