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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

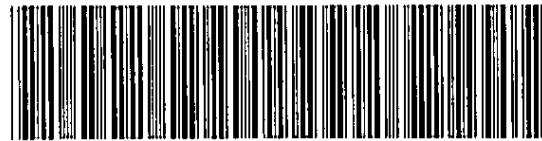
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Community Equity Fund XXV, Limited Partnership  
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:

Brendan Olson

Contact Person

Community Affordable Housing Equity Corporation

Firm/Company

7700 Falls of Neuse Rd. Ste 200

Address

Raleigh, NC 27615

City, State and Zip Code

BOlson@cahec.com

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

For further information concerning this matter, please call:

Brendan Olson

at ( 919 ) 645-9807

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

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TALLAHASSEE, FLORIDA

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

1. Community Equity Fund XXV, 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 L.L.P.

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. North Carolina

State or Country of Formation

3. \_\_\_\_\_

Date of Formation

4. Federal Employer Identification Number 84-3935883

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 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.

Michael Seraphin

Signature of Registered Agent

7. Principal Office:

7700 Falls of Neuse Rd. Ste 200

Raleigh, NC 27615

8. Mailing Address:

7700 Falls of Neuse Rd. Ste 200

Raleigh, NC 27615

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: CAHEC Fund GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 7700 Falls of Neuse Rd. Ste 200

Street Address: \_\_\_\_\_

Raleigh, NC 27615

Mailing Address: 7700 Falls of Neuse Rd. Ste 200

Mailing Address: \_\_\_\_\_

Raleigh, NC 27615

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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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: 01/31/2020

(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 February day of 19<sup>th</sup>, 2020

Port C. J. Smith, Sr.  
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

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LE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### COMMUNITY EQUITY FUND XXV LIMITED PARTNERSHIP

is a limited partnership regularly created, organized and existing under the laws of the state of North Carolina, having filed a Certificate of Limited Partnership in my office on the 19th day of November, 2019.

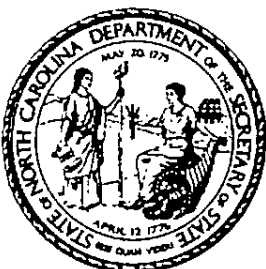
I FURTHER certify that the aforesaid limited partnership has not filed a Certificate of Cancellation with this office as of the date set forth hereunder.

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SECRETARY OF STATE  
ALLAINE E. FLOIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of February, 2020.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.