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Division of Corporations

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Florida Department of State  
Division of Corporations  
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FLORIDA/FOREIGN LP/LLLP

Cape Coral Leased Housing Associates I, LLLP

Certificate of Status	0
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Page Count	05
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Cape Coral Leased Housing Associates I, 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 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. Minnesota

State or Country of Formation

3. 12/13/21

Date of Formation

4. Federal Employer Identification Number: 87-3960742

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

CT 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.

Signature of Registered Agent: Kaitly Toon, Asst Secretary

STATE OF FLORIDA AM 8:20

7. Principal Office:

2905 NE Blvd Suite 150

Plymouth MN 55441

8. Mailing Address:

2905 NE Blvd Suite 150

Plymouth MIN 55441

9. If limited partnership is a limited liability limited partnership, check box [X]

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Cape Coral Leased Housing Associates I, LLC

Street Address: 2905 NE Blvd Suite 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:

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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 \_\_\_\_\_  
*(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 \_\_\_\_\_ day of December 10, 20 21

DocuSigned by  
*Mark S. Moorhouse*  
 \_\_\_\_\_  
 Signature of a general partner

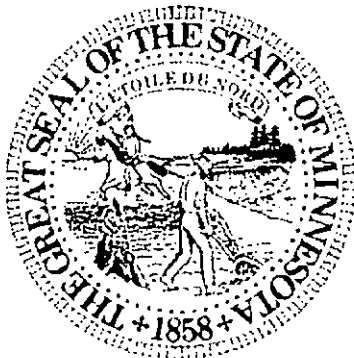
The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

**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:	Cape Coral Leased Housing Associates I, L.L.P.
Date Filed:	12/13/2021
File Number:	1277290300026
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/14/2021



Steve Simon  
Secretary of State  
State of Minnesota