

B220000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

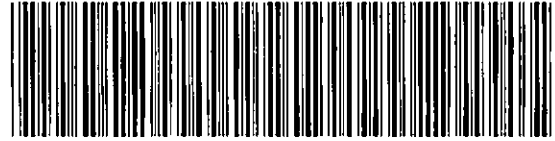
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800389474898

APPROVED
AND
FILED

2022 JUN 14 AM 9:39

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DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

JUN 14 2022

K. Brumpley

CT CORP

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

Date: 06/14/2022

Acc#I20160000072

en: c DW

| | |
|-------------|---|
| Name: | Kissimmee Leased Housing Associates III, LLLP |
| Document #: | |
| Order #: | 14385003 |

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

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

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

Amount: \$ 1052.50

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kissimmee Leased Housing Associates III, 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:

Dan Bolles

Contact Person

Dominium

Firm/Company

2905 NW Blvd Suite 150

Address

Plymouth MN 55441

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:

Erin Ness, Winthrop & Weinstine, P.A.

at (612) 6046473

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input type="checkbox"/> \$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

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

1. Kissimmee Leased Housing Associates III, L.L.P.

(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. 6/10/2022

Date of Formation

4. Federal Employer Identification Number 88-2766443

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

Stephanie Hencz

Signature of Registered Agent

Stephanie Hencz Assistant Secretary

7. Principal Office:

2905 NW Blvd Suite 150

Plymouth MN 55441

8. Mailing Address:

2905 NW Blvd 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:

Kissimmee Leased Housing Associates III, L.L.C.

Name of General Partner:

Name of General Partner:

Street Address: 2905 NW Blvd Suite 150

Street Address:

Plymouth MN 55441

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing 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 13th day of June, 2022

DocuSigned by:

Demon Crist

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.

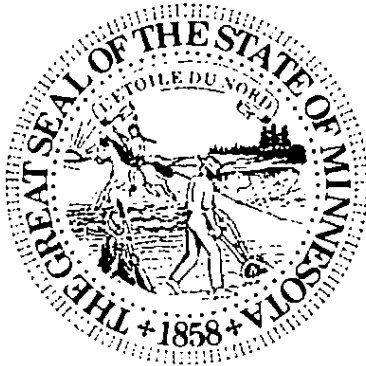
| | |
|--|--|
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

**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: | Kissimmee Leased Housing Associates III, LLLP |
| Date Filed: | 06/10/2022 |
| File Number: | 1317513000029 |
| Minnesota Statutes, Chapter: | 321 |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 06/14/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota