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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000261083 3)))



H220002610833ABCV

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To:

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

File first: H22000261078 3

File second: H22000261083 3

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA/FOREIGN LP/LLLP

Hillpointe Workforce Housing Partnership IV, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

FILE SECOND

Electronic Filing Menu

Corporate Filing Menu

S. FRANKLIN
AUG - 4 2022
Help

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

1. Hillpointe Workforce Housing Partnership IV, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.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. Delaware 3. July 11, 2022
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: _____

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.

Stephanie Hencz

Stephanie Hencz

Signature of Registered Agent

7. Principal Office:

101 S. New York Ave., Suite 211
Winter Park, FL 32789

8. Mailing Address:

101 S. New York Ave., Suite 211
Winter Park, FL 32789

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: Hillpointe Fund IV GP, LLC Name of General Partner: Steven Campisi

Street Address: 101 S. New York Ave., Suite 211 Street Address: _____
Winter Park, FL 32789

Mailing Address: _____ Mailing Address: _____

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

2022-08-02 13:55:42 PDT

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: Upon 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 1st day of August, 2022


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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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HILLPOINTE WORKFORCE HOUSING
PARTNERSHIP IV, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST,
A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

2022 Aug -3 PM 3:58



Jeffrey W. Bullock, Secretary of State