

To: 11/19/24, 9:05 AM

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2024-11-19 08:08:04 CST

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From: Daylen Platt

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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.**

Email Address: dan.bolles@dominiuminc.com

FLORIDA/FOREIGN LP/LLLP

Champlin Leased Housing Associates II, LP

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$1,052.50 |

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

MS

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

1. Champlin Leased Housing Associates II, LP

(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

3. 06/09/2005

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 20-2990352

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.

Stephanie Hencz

Stephanie Hencz

C T Corporation System

Signature of Registered Agent

7. Principal Office:

2905 Northwest Blvd, Suite 150

Plymouth, MN 55441

8. Mailing Address:

2905 Northwest 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:

Name of General Partner: Champlin Leased Housing Associates II, LLC

Name of General Partner:

Street Address: 2905 Northwest Blvd, Suite 150

Street Address:

Plymouth, MN 55441

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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TALLAHASSEE, FL

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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 6th day of November, 2024

Champlin Leased Housing Associates II, LLC
by Timothy S. Allen, Secretary

DocuSigned by:

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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CHAMPLIN LEASED HOUSING ASSOCIATES II, LLC
2905 Northwest Boulevard, Suite 150
Plymouth, Minnesota 55441

November 18, 2024

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Champlin Leased Housing Associates II, LP
Our File Reference: The Mira (3997.1579)

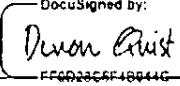
Dear Sir or Madam:

Please be advised that the undersigned consents to the use of the "Champlin Leased Housing Associates II" name as part of the name that Champlin Leased Housing Associates II, LP, a Minnesota limited liability limited partnership, will use with respect to its activities in Florida.

Thank you for your attention to this matter. If you have any questions regarding this consent, please contact the undersigned at 763-354-5500.

Sincerely,

Champlin Leased Housing Associates II, LLC

By: 

Devon Quist, Vice President

**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: | Champlin Leased Housing Associates II, LP |
| Date Filed: | 06/09/2005 |
| File Number: | 1392249-7 |
| Minnesota Statutes, Chapter: | 321 |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 11/06/2024



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota