

B24000000357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

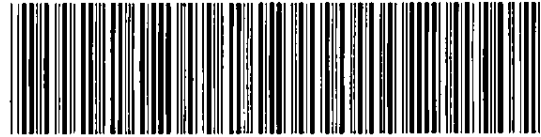
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

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CLERK OF COURT

STATE OF NEW YORK

MS

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/21/2024

Acc#120160000072

*W: C DW*

Name:	St. Cloud Leased Housing Associates IV, LLLP
Document #:	
Order #:	15989836

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:	

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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1052.50
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Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Cloud Leased Housing Associates IV, 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 Northwest 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:

Dana L. Henderson, Winthrop & Weinstine, P.A. at ( 612 ) 604-6477  
\_\_\_\_\_  
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

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

1. St. Cloud Leased Housing Associates IV, 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. November 14, 2024

**Date of Formation**

4. Federal Employer Identification Number

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  
Laura Broderick

**Signature of Registered Agent**

Laura Broderick Assistant Secretary

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: St. Cloud Leased Housing Associates GP IV, LLC

Street Address: 2905 Northwest Blvd, Suite 150  
Plymouth, MN 55441

Mailing Address: 2905 Northwest Blvd, Suite 150  
Plymouth, MN 55441

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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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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.)*

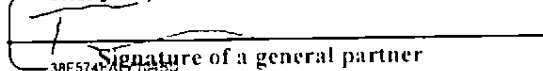
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 20th day of November, 20 24

St. Cloud Leased Housing Associates GP IV, LLC

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

**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:	St. Cloud Leased Housing Associates IV, LLLP
Date Filed:	11/14/2024
File Number:	1512035200020
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/20/2024



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota