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RE-SUBMIT

To: Division of Corporations
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Please retain original filing date of submission 3/21

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

Email Address: _____

Foreign Limited Liability Company
Delray Beach Leased Housing Associates II, LLC

Certificate of Status	0
Certified Copy	0
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STATE OF FLORIDA

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Metayer, Kenny

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Delray Beach Leased Housing Associates II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Minnesota 3. (FEI number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441

(Street Address of Principal Office)

6. 2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C F Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) (Zip code)

FILED 2011 MAR 21 A 11:38 SECRETARY OF STATE TALLASSEE FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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: Agnes Broszczak, Asst Secretary (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

- Armand E. Brachman, Co-President, 2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441 Paul R. Sween, Co-President, 2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441 Mark S. Moorhouse, Senior Vice President, 2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

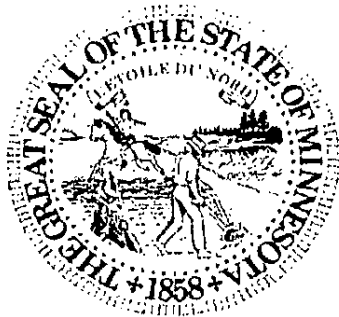
Mark S. Moorhouse (Typed or printed name of signer)

**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: *Delray Beach Leased Housing Associates II, LLC*
Date Filed: *03/18/2016*
File Number: *879720300027*
Minnesota Statutes, Chapter: *322C*
Home Jurisdiction: *Minnesota*

This certificate has been issued on: *03/18/2016*



Steve Simon
Steve Simon
Secretary of State
State of Minnesota