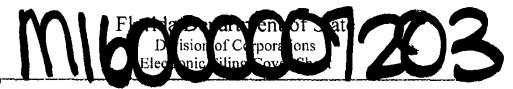
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To:

Division of Corporations

Fax Number : (850)617-6383

From;

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842

Phone Fax Number

: (850)878-5368

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

[[mail	Address:		
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Foreign Limited Liability Company Bradenton Leased Housing Associates III, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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9/9/2016

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## COVER LETTER

SUBJECT:	Bradenton Leased						
POIMECT	Name of Limited Liability Company						
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Please return	all correspondence	concerning this matter to the	e following:				
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	225 South Six	th Street, Suite 3500				_	
		<b>~</b>					
	Minneapolis,	MN -55402				_	
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	dan.bolles@Do	_				-	
		B-mail address; (to be use	ed for future annual	report sol	iffication)		
For further in	formation concerni	ng-this matter, please call:					
Jalja	M. Stem		612 at(	604-64 	· ·	. ≥80 <b>o</b>	
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	check for the follow 25.00 Filing Peo	ving amount:  II \$130,00.Piling Fee & Certificate of Status	S155.00 Filling Contifled Copy	; Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	ertificate	<b>Л</b> Э

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMITED COMPANY TO TRANSACE BUSINESS IN THE STATE OF FLORIDA: Brademon Leased Housing Associates III, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Bradenton Leased Housing Associates GP III, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lishitity Company," "L.L.C." or "LLC.") Minnesota (Jurisdiction under the law of which foreign limited liability company is organized) (Date lirst transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability) 2905 Northwest Boulevard, Suite 150 Plymouth, MN 55441 (Street Address of Principal Office) 2905 Northwest Boulevard, Suite 150 Plymouth, MN:55441 (Mailing Address) 7, Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System 1200 South Pine Island Road Office Address: Plantation Plorida (City) 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 appairment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and necept the obligations of my position as registered agent. Michele Miller E T Corporation System Assistant Secretar (Registered agent's signature) 8. The name, title or oppacity and address of the person(s) who has/have authority to manage is/are: Mark S. Moorhouse, Senior-Vice President, 2905 Northwest Boulevard, Suite 150, Plymouth, MN-55441 Christopher P. Barnes, Vice President, 2905 Northwest Boulevard, Suite 150, Flymouth, MN 55441 (0) 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 lain a foreign language, a translation of the certificate under onth of the translator must be submitted) Signature of an authorized puison 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 follows as provided for in s.817.155, F.S.

Christopher P. Burnes, Vice President

Typed or printed name of signeo

## 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:

Bradenton Leased Flousing Associates III,

LLC

Date Filed:

09/07/2016

File Number:

901113600024

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

09/08/2016



Steve Simon
Secretary of State

State of Minnesota