Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000799193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 (614)280-3338 Phone Fax Number : (954)208-0845

\*\*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 Orlando Leased Housing Development VII, LLC

Certified Copy Page Count	1
Page Count	
	04
Estimated Charge	\$155.00

S

Electronic Filing Menu Corporate Filing Menu

Help

MAR 2 4 2017

Y SULKER

# m. Ranae v

#### COVER LETTER

UBJECT:	Orlando Leased Housing Development VII, LL	C				
ODJEC1.	Name of Limited Liability Company					
he enclosed xistence, ar	"Application by Foreign Limited Liability Comd check are submitted to register the above refer	pany for Authorizat enced foreign limite	ion to Transact Business in Florida," Certificated liability company to transact business in Florida.			
ease return	all correspondence concerning this matter to the	following:				
	John D. Nolde					
	N	ame of Person				
	Winthrop & Weinstine, P.A.					
	F	irm/Company	,			
	225 South Sixth Street, Suite 3500					
		Address				
	Minneapolis. MN 55402					
	City/S	tate and Zip Code	111111111111111111111111111111111111111			
	dan.bolles@Dominiuminc.com					
	E-mail address: (to be use		report notification)			
or further in	formation concerning this matter, please call;	eyes.				
Joh	n D. Notde	612	604-6400			
	Name of Contact Person	Area Code	Daytime Telephone Number			
Div Reg P.O	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount:  125.00 Filing Fee \$\simega\$ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Certified Copy	Fee & \$\Bigcup \$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}			

01 2 TV

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

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

(Name of For	eign Limited Liability Company; must include "I	limited Liability Company," "L.L.C"	or "LLC.")
f name unavailable, enter a iability Company," "L.L.C.	Iternate name adopted for the purpose of transact "or "LLC.")	ing business in Florida. The alternate	name must include "Limited
Minnesota	. 3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. tr	L if prior to registration.)	
2905 Northwest Boule		o determine penalty factority)	
Plymouth, MN 55441			
	(Street Address of Principal Off	ice)	
2905 Northwest Boule	vard, Suite 150		<del></del>
Plymouth, MN 55441			
	(Mailing Address)		
. Name and street address	is of Florida registered agent: (P.O. Box No.	OT acceptable)	
Name:	C T Corporation System		<u> </u>
Office Address:	1200 South Pine Island Road	<sup>24</sup>	7
	Plantation	. Florida 33324	<b>3 3</b>
	(City)	(Zip code)	
esignated in this applica o complywith the provision occept the obligations of i	gistered agent and to accept service of procion, I hereby accept the appointment as rejons of all statutes relative to the proper and my position as registered agent.  C T Corporation System  By:	gistered agent and agree to act in Leomplete performance of my dui	this capacity. I further agre- ties, and I om fabilliar with a Go
	(Registered agent's		Secretary
3. The name, title or capa	wity and address of the person(s) who has/ha	ive authority to manage is/are:	
Mark S. Moorhouse, Pres	ident, 2905 Northwest Boulevard, Suite 150,	, Plymouth, MN 55441	
<del></del>			<del></del>
		*	
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the equilicate is abmitted)	authenticated by the official havis in a foreign language, a translation	ng custody of records in the of the certificate under oath
	000000000000000000000000000000000000000	rand marcon	<del></del>
	Signature of an author	ized person	
	in accordance with section 605,0203 (1) (b) the Department of State constitutes a third d	, Florida Statutes. I am aware that	

Typed or printed name of signee

### 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.

Orlando Leased Housing Development VII, Name:

LLC

03/20/2017 Date Filed:

941525400022 File Number:

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 03/22/2017

Steve Simon

Secretary of State State of Minnesota