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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (512)418-6949 : (954)208-0845 Fax Number

\*\*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 Melbourne Leased Housing Development II, LLC

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## COVER LETTER

	tration Section			
Divis	ion of Corporations	ï.t		
SHRIECT	Melbourne Leased Housing Development II, L.	LC		
beineer	Name of	Limited Liability Cor	npany	
	Application by Foreign Limited Liability Comcheck are submitted to register the above refer			
Please return a	Il correspondence concerning this matter to the	following:		
•	John D. Nolde	1		
	<u> </u>	lame of Person		
	Winthrop & Weinstine, P.A.			
	F	irm/Company		
	225 South Sixth Street, Suite 3500			
		Address		
	Minneapolis, MN 55402			
	City/S	state and Zip Code		
	dan.bolles@Dominiuminc.com	ដ្ឋា		
	E-mail address: (to be use	d for future annual re	port notification)	
For further info	ormation concerning this matter, please call:			
John	D. Nolde	612 at () .	604-6400	
<del></del>	Name of Contact Person	Area Code	Daytime Telephone Number	
Divisi Regis P.O. I	LING ADDRESS: on of Corporations tration Section Sox 6327 lassee, FL 32314	7 D R Cl 26	IREET ADDRESS: ivision of Corporations egistration Section ifton Building 61 Executive Center Circle allahassee, FL 32301	
	heck for the following amount: 25.00 Filing Fee   S130.00 Filing Fee & Certificate of Status	\$155.00 Filing F Certified Copy	Fee & S160.00 Filing Fee, Certification of Status & Certified Copy	ate

7

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

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

iability Company," "L.L.C,	Iternate name adopted for the purp	pose of transacting busi	ness in Florida. The al	ternate name	must include "I.	imited
Minimarka						
Minnesota	of which foreign limited liability	3	(FEI number, it			
company is organized)	of which foreign finned fraomity		(PEI number, it	аррисави		
	(Date first transacted bus	inace in Placida if arias	to panietection			
	(See sections 605.0904 & 6	05.0905, F.S. to determ	ine penalty liability)			
2905 Northwest Boule	evard, Ste. 150			<u></u>		
Plymouth, MN 55441				-		
	(Street Address o	of Principal Office)				
2905 Northwest Boulev	vard, Ste. 150					
Plymouth, MN 55441						
	(Mailin	ng Address)				
. Name and street addres	ss of Florida registered agent: (	(P.O. Box NOT acce	ptable)			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road	d			Z <sub>c</sub>	١.
Office Address:	Plantation		33324		1000 A	ì
			, Florida	code)	E S	18 37.5
	(City)		(Z.10		(0.35	
egistered agent's accept			<b>\-F</b>		် ေလ	A waters
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laving been named as rep esignated in this applicat	tance:	intment as registered	the above stated lim agent and agree to	act in this	capacity. Lur	the <u>r agr</u> ee
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Mark G. Sween, Vice President

Typed or printed name of signee

## Office of the Minnesota Secretary of State Certificate of Good Standing

1, 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:

Melbourne Leased Housing Development II,

LLC

Date Filed:

05/31/2017

File Number:

952413600020

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

, grib

377

This certificate has been issued on:

06/01/2017



Steve Dimon

Secretary of State State of Minnesota