1/11/2018



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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Account Number : FCA000000023

Phone : (514)280-3338

Fax Number

: (954)208-0845

| **Enter | the  | email | address  | for | this  | busin | ess | entity | to  | be   | used  | for  | future |
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## Foreign Limited Liability Company Orlando Leased Housing Development X, LLC

| Certificate of Status | 0        |
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| Certified Copy        | 1        |
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|                        | COVE   | R LETTER  | I   |   |
| TO:                    | Registration Section   |   |   |   |
|                        | Division of Corporations   |   |   |   |
| / L L PR 1 1 1 1 / 1   | Orlando Leased Housing Development X, LLC  |   | '   |   |
| SUBJEC                 | 1: Name of Lin   | nited Liability Cor   | mpany   |   |
| The enclo<br>Existence | osed "Application by Foreign Limited Liability Compan<br>e, and check are submitted to register the above reference  | y for Authorizatio<br>ed foreign limited  | n to Transact Business in Florida,"<br>liability company to transact busine | Certificate of ess in Florida.                  |
| Please ret             | turn all correspondence concerning this matter to the fol  | lowing:   |   |   |
|                        | John D. Nolde  |   | 1   |   |
|                        | Nam  | e of Person   |   | lorida," Certificate of ct business in Florida. |
|                        | Winthrop & Weinstine, P.A.   |   | İ   |   |
|                        | Firm   | /Company  |   |   |
|                        | 225 South Sixth Street, Suite 3500   |   |   |   |
|                        | A  | ddress  |   |   |
|                        | Minneapolis, MN 55402  | :   |   |   |
|                        | City/State   | and Zip Code  |   |   |
|                        | dan.bolles@Dominiumine.com   |   |   |   |
|                        | E-mail address: (to be used to   | r future annual rep   | port notification)  |   |
| For furthe             | r information concerning this matter, please call:   | ••  |   |   |
| J                      |  | 0.2   | ,   |   |
| -                      | Name of Contact Person   | Limited Liability Company  pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.  following:  lame of Person  irm/Company  Address  itate and Zip Code |   |   |
|                        | winthrop & Weinstine, P.A.  Winthrop & Weinstine, P.A.  Firm/C  225 South Sixth Street, Suite 3500  Ad  Minneapolis, MN 55402  City/State a  dan.bolles@Dominiumine.com  E-mail address: (to be used for a further information concerning this matter, please call:  John D. Nolde |   | TREET ADDRESS:  |   |
|                        |  |   |   |   |
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Certificate of Status

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

IN COMPILANCE BITH SYLTION 015:0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXGN. HAUTED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

|      |   | SANESS IN THE STATE OF FIDRIDE   |   |   |                |                          |   |                   |
|------|---|--|---|---|----------------|--------------------------|---|-------------------|
| 1.   | Orlando Leased Housi                    | ng Development X, LLC  |   |   |                |                          |   | _                 |
|      | (Name of Foreign                        | Limited Liability Company, must include  | "Limited Liability Com                              | pany," "L.L.C.," or "L                      | LC.")          |                          |   |                   |
|      |   |  | <del></del>   |   |                |                          |   | ~                 |
|      |   | ame adopted for the purpose of transacting busine  | us in Florida. The alterrate                        | name must welsde "Limit                     | ed Lability Co | mpany. ""[, I, I         | (Turil  | LC ")             |
| 2    | Minnesota                               |  | 3. <u></u> _  |   | number, if ap  | trackter .               |   |                   |
|      | Durishchen under Inc law of a           | high foreign limited liability company is organized  | ,   | ;re   | number, ir apj | MICADICI                 |   |                   |
| ı.   |   |  |   |   |                |                          |   |                   |
| ٠.   |   | (Date Ers) transacted business in Florid i. it<br>(See prenom 605 0904 & 603 0905, r.S. to | prior to registration ) determine cenals, liability |   | 1              |                          |   |                   |
| _    | 2905 Northwest Blvd.                    |  |   |   | )<br>Stc 150   |                          |   |                   |
| 5.   | (Street Address of                      |  | 6. 270  | Northwest Blvd,<br>(Madin                   | (Address)      | -                        |   |                   |
|      | Plymouth, MN 55441                      | •  |   | outh, MN 55441                              | •              |                          |   |                   |
|      |   |  | <del></del>   |   | 1              | : -                      | <del>=</del>                                    | _                 |
|      |   |  |   | ~~ · · · · · · · · · · · · · · · · · ·      |                | <del></del>              | <del></del>                                     | -                 |
|      |   |  |   |   |                | 1.7                      | II NAU  |                   |
| 7.   | Name and street address                 | s of Florida registered agent: (P.O  | ). Box_ <u>NOT_</u> ac¢ept                          | aole)                                       |                | : •                      |   | <u></u>           |
|      | Name:                                   | C T Corporation System   |   |   |                | - 2                      |   | 1                 |
|      | , |  |   | -   |                | 7 T                      | ~·•   | 1.1.1             |
|      | Office Address:                         | 1200 South Pine Island Road  |   | _   | 1              |                          | P   | $\Box$            |
|      |   | Plantation   |   | , Florida 33324                             |                | 10                       | 12: 5   |                   |
|      |   | (City)   |   | (2)   | p ¢cdes        | 골걸                       | വ   |                   |
| Re   | gistered agent's accep                  | tance:   |   |   |                |                          | 0   |                   |
| Ha   | ving been named as re                   | gistered agent and to accept service   | e of process for th                                 | e above stated lim                          | ited liabili   | ty compar                | ny at th  | e place           |
| e.   | ignated in this applica                 | tion, I hereby accept the appointm   | ient as registered a                                | gent and agree to                           | act in this    | capacity,                | I furt  | her agree         |
| 0    | comply with the provisi                 | ons of all statutes relative to the p  | roper and complet                                   | e performance of                            | nty duties,    | and I am                 | famili  | ar with           |
| un:  | d accept the obligations                | of my position as registered agen  | ız.   |   | •              |                          |   |                   |
|      | I                                       | 3y tername Tones   | Stephanie   | Hencz, Assista                              | nt,Secret      | ary                      |   |                   |
|      |   | 3y: Stephanie T Corporation System   | भूक्ता's प्रीतासाम्क)                               |   |                |                          |   |                   |
|      |   | city and address of the person(s) w  |   |   |                |                          |   |                   |
| х.   | Title or Capacity:                      | Name and Address:  | no pasmave aud.c.<br>Title or                       | Capacity:                                   | ic.<br>I Nar   | ne and Ad                | dress:  |                   |
|      |   |  |   |   | 1              | - <del>-</del> -         |   | •                 |
|      | Co-President                            | Armand E. Brachman   | Co-Pres   | sident                                      |                | I.R. Sween               |   | 77-17             |
|      |   | 2905 Northwest Blvd, St<br>Plymouth, MN 55441  | <u>ie 150</u>                                       |   | 290<br>Plv     | 05 Northwe<br>mouth, M.  | 20 17 17 15 15 15 15 15 15 15 15 15 15 15 15 15 | <u>a, Ste 150</u> |
|      |   | rivinoged, sur 33441   |   |   | 1              | mean, iv.                |   | <del></del>       |
|      | Senior Vice President                   | Mark S. Moorhouse  | Vice Pr   | esident                                     | 1 Chr          | istopher P.              | Barno   | •<                |
|      | Schlot vice i resident                  | 2905 Northwest Blvd, St  |   |   |                | 5 Northwe                | _   |                   |
|      |   | Plymouth, MN 55441   |   |   | <u> Ply</u>    | mouth, M                 |   |                   |
|      |   |  | Authori   | zed Representativ                           | e Ni           | cholas C. A              | Anders  | ėn                |
|      | se attachments if necess                |  | •   |   |                | 05 Northw                |   |                   |
| 1. 7 | Attached is a certificate               | of existence, no more than 90 days   | old, duly authentic                                 | ated by the officia                         | having c       | astogy of v<br>Amontu Mi | ecords  | in the            |
| uri  | sdiction under the law o                | if which it is organized. (If the cert   | ificate is in a forcig                              | n language, a tran                          | slation of t   | he certific              | ate unc   | ler oath          |
| fı   | he translator must be su                | hmitted)   |   |   |                |                          |   |                   |
| _    |   |  | 0.202 (1.75) 125~                                   | da Cinintae Losso                           | <br>           | sass valenda             | fo 04   |                   |
| ().  | This document is execu-                 | ted in accordance with section 605 the Population of Stale poinstitutes                    | .0203 (1) (0), F10H<br>sa thìrd deorae falc         | ua piaimies, i ain a<br>inv as provided foi | rin (817)      | itty taise iii<br>155 FS | 101111111                                       | ion               |
| (H)  | mined in a document to                  |  | s a time degree tex                                 | my as previous is:                          | 1              | 20,1.0.                  |   |                   |
|      |   | 1/alll   | >   | ·   |                |                          |   |                   |
|      |   | sign Sign  | gnature of an authorized po-                        | Ke  |                |                          |   |                   |
|      |   |  |   |   | }              |                          |   |                   |
|      | ,                                       | Nicholas C. Andersen, Authorized   |   |   |                |                          |   |                   |
|      |   | T <sub>2</sub>   | ped or printed name of sig                          | nes   |                |                          |   |                   |

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:

Orlando Leased Housing Development X.

LLC

Date Filed:

01/11/2018

File Number:

993822700025

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/11/2018



Steve Simon

Secretary of State State of Minnesota