Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 120120000007

Phone

: (702)866-2500 : (702)866-2689

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Foreign Limited Liability Company LIHTC Advisors, LLC

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COVER LETTER

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| eu d'a | | LIHTC Advisors, | | | | | |
| | | | Name of | Limited Liability Compun | у | | |
| Che er Existo | nclosed onco, an | "Application by For d check are submitte | eign Limited Liability Com d to register the above refer | pany for Amhorization to functed foreign limited tiable | Fransact Business in Florida," Cortificate lity computy to transact business in Flor | | |
| oasol | e return | all correspondence | concerning this matter to the | following: | | | |
| | | Courtney Th | omas | | | | |
| | | Name of Person | | | | | |
| | | InCorp Service | es, Inc. | | | | |
| | | | F | lmn/Company | | | |
| | | 3773 Howard Hughes Pkwy. · Suite 500s | | | | | |
| | | Address | | | | | |
| | | Las Vegas, NV 89169-6014 | | | | | |
| | | City/State and Zip Code | | | | | |
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| | | | | XLICE (fighte spirm) (short) | louncation | | |
| | | | g this matter, please call: | | | | |
| Con | irtney | | of InCorp Services, in | Bt | | | |
| | | Name (| of Contact Person | Area Code I | Paytima Telaphona Number | | |
| MAILING ADDRESS: | | | | STREET ADDRESS: Division of Corporations | | | |
| Division of Corporations Registration Section | | Registration Section | | | | | |
| | P.O. Box 6327 | | | | Clifton Building | | |
| | Tell | ahassec, PL 32314 | | | Executive Center Circle Assec, Fl. 32301 | | |
| | sed is a | check for the follow | ring amount: | | 2 5160.00 Filing Fee, Certificate | | |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N CC | COMPLIANCE WITH SEC MPANYTOTRANSACTES | TION 605,0902, FLORIDA STATUTES, THE FC SINESS IN THE STATE OF FLORIDA: | DLLOWING & SUBMITTED TO REGIST | TER A FOREIGN LIMITED LIABILITY | | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | LIHTC Advisors, Li | | I Liahility Company," "L.L.C.," or "LLC." | | | | |
| (lfa | ame cravellable, enter elternate e | ome adopted for the purpose of averaging austress in Fier | (do. The alternate name must instacte "Limited Lie | bildy Company, ""L L.C," or "LLC.") | | | |
| | Idaho | | 3. 27-4982127 | | | | |
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| 4. | Upon Registration | | | | | | |
| • | | Date first transported business to Ploride, IC setter to a (See sections 603,0004 & 603,0305, F.S. to determine | | | | | |
| • | 6225 N. Meeker Pl., Suite 210 | | 6, 6225 N. Meeker Pl., Suite 210 | | | | |
| ٦. | (Speer Address of) | Innapel Office) | (Making Add | 1969) | | | |
| | | | 5 10 00740 | - SE | | | |
| | Bolse, ID 83713 | | Bolse, ID 83713 | 2018 AUG 31 SECRETARY FALLIAHASS | | | |
| | | | | 芸りるこ | | | |
| 7. | Name and atrest address | g of Florida registered agent: (P.O. Box | NOT acceptable) | 55 3 F | | | |
| | Name: | InCorp Services, Inc. | | (T) - | | | |
| | Office Address: | 17888 67th Court North. | | 至 至 | | | |
| | | Loxahatchee | , Plorida 33470 | HORALS 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. 99 7. | | | |
| D- | gistered agent's accep | (City) | (Zip eas | の音に | | | |
| des to | tignated in this applica comply with the provisi | gistered agent and to accept service of p tion, I hereby accept the appointment as lone of all statutes relative to the proper s of my position as registered orant. | registered agent and agree to act and complete performance of my | th this capacity. I juriouse agree | | | |
| | | (Registration agent's | | Deriza di Madip Dalvidas, Me. | | | |
| | | ye. | | | | | |
| ₽, | The name, title or cape Title or Capacity; | scity and address of the parson(s) who ha Name and Address: | s/have authority to manage is/are: Title or Canacity; | Name and Address: | | | |
| | Member | Jeff Irish | | | | | |
| | MAINING | 6225 N. Meeker Pl., Suite 210 | | | | | |
| | | Bolae, ID 83713 | - - | | | | |
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| (U | se attachments if neces | sary) | | | | | |
| jur | Attached is a certificate isdiction under the law the translator must be a | of existence, no more than 90 days old, of which it is organized. (If the certifican ubmitted) | duly anthenticated by the official his is in a foreign language, a translat | aving custody of records in the tion of the certificate under outh | | | |
| 10. | This document is exec | uted in accordance with section 605.0203 | (1) (b), Florida Statutes. I am awa | re that any false information | | | |
| submitted in a document to the Department of State constitutes a tisire flooring follow as provided for in a. \$17.155, F.S. | | | | | | | |
| Signature of an eutreritard person | | | | | | | |
| | | C// Signature | DE NO GIVEN SULFANT DELINOR | | | | |
| | | Jeff Irish | | | | | |

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IDSOS CERTIFICATE OF EXISTENCE

Page 1 of 1

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

LIHTC ADVISORS, LLC

File Number W-99611

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 1/13/2011.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 8/29/2018 7:19 AM



SECRETARY OF STATE

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August 30, 2018

INCORP SERVICES

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: LIBTC ADVISORS, LLC REF: W18000078577

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan

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