

M18000010181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

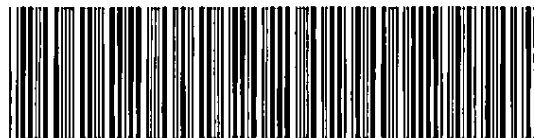
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
NOV 14 2018

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/13/2018
Acc#120160000072

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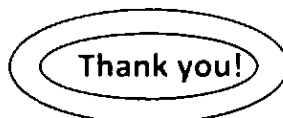
Name:	Orlando Leased Housing Associates SPE IX, LLC
Document #:	
Order #:	11252799 - Line 6

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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Amount: \$ 155



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orlando Leased Housing Associates SPE IX, L.L.C

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven J. Kool

Name of Person

Winthrop & Weinstine

Firm/Company

225 South Sixth Street, Suite 3500

Address

Minneapolis, MN 55402

City/State and Zip Code

dan.bolles@dominiuminc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven J. Kool

612

604-6513

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. Orlando Leased Housing Associates SPE IX, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 11/19/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2905 Northwest Boulevard, Suite 150
(Street Address of Principal Office)
Plymouth, MN 55441

6. 2905 Northwest Boulevard, Suite 150
(Mailing Address)
Plymouth, MN 55441

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

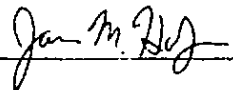
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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 appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System
James M. Halpin - Asst. Secretary
(Registered agent's signature)



8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Co-President	<u>Armand E. Brachman</u> <u>2905 Northwest Boulevard, Suite 150</u> <u>Plymouth, MN 55441</u>	Senior Vice President	<u>Mark S. Moorhouse</u> <u>2905 Northwest Boulevard, Suite 150</u> <u>Plymouth, MN 55441</u>
Co-President	<u>Paul R. Sween</u> <u>2905 Northwest Boulevard, Suite 150</u> <u>Plymouth, MN 55441</u>		

(Use attachments if necessary)

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 is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 felony as provided for in s.817.155, F.S.



Signature of authorized person

Mark S. Moorhouse, Senior Vice President
Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO LEASED HOUSING ASSOCIATES SPE IX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.


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STATE OF DELAWARE
HALL AND COUNTY



7136917 8300

SR# 20187592052

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203881182

Date: 11-12-18