

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514) 280-3338  
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: \_\_\_\_\_

2021 AUG 18 AM 11:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

Foreign Limited Liability Company  
Gainesville Leased Housing Associates (TIC-III) III.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

2021 AUG 18 AM 11:09  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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AUG 18 2021

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

IN COMPLIANCE WITH SECTION (05.002), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gainesville Leased Housing Associates (TTC-III) III, 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. Minnesota
Jurisdiction under the law of which foreign limited liability company is organized
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 305.0904 & 605.0905, F.S. to determine party liability.)

5. 2905 Northwest Boulevard, Suite 150
(Secret Address of Principal Office)
6. 2905 Northwest Boulevard, Suite 150
(Mailing Address)

Plymouth, Minnesota, 55441

Plymouth, Minnesota, 55441

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Murdell Helms
(Registered agent's signature)

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CLERK OF DISTRICT COURT  
PALM HARBOR, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

Manager                      Name: Armand E. Brachman

Member                      Address: 2905 Northwest Boulevard, Suite 150

Authorized                      Plymouth, Minnesota, 55441

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager                      Name: Paul R. Sween

Member                      Address: 2905 Northwest Boulevard, Suite 150

Authorized                      Plymouth, Minnesota, 55441

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Mark S. Moorhouse

Member                      Address: 2905 Northwest Boulevard, Suite 150

Authorized                      Plymouth, MN 55441

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Nicholas C. Andersen

Member                      Address: 2905 Northwest Boulevard, Suite 150

Authorized                      Plymouth, MN 55441

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

DocuSigned by:  
Mark S. Moorhouse  
4ECC6B18E7C4E9...

Signature of an authorized person

Mark S Moorhouse, President

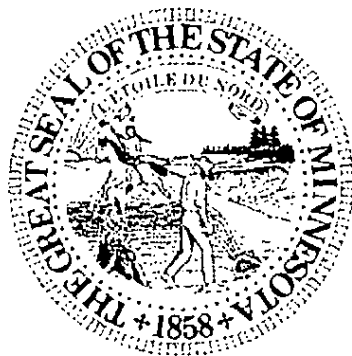
Typed or printed name of signer

**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:                        | Gainesville Leased Housing Associates<br>(TIC-III) III, LLC |
| Date Filed:                  | 02/26/2020  |
| File Number:                 | 1144802500023   |
| Minnesota Statutes, Chapter: | 322C  |
| Home Jurisdiction:           | Minnesota   |

This certificate has been issued on: 08/17/2021



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

2021 AUG 18 AM 11:40  
ALLAHASSI, FLORIDA