

M24000014626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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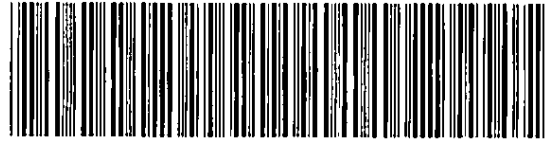
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOOD HOUSING PARTNERSHIP, LLC
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:

Geoffrey Anderson

Name of Person

GOOD HOUSING PARTNERSHIP, LLC

Firm/Company

106 E BABCOCK STREET, SUITE 1E

Address

BOZEMAN, MT 59715

City/State and Zip Code

ginacaminito@goodhousingpartnership.com

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

For further information concerning this matter, please call:

GINA CAMINITO

Name of Contact Person

406

at ()

Area Code

414-6502

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. GOOD HOUSING PARTNERSHIP, 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. MONTANA

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

3. 84-4392885

(FEI number, if applicable)

4. 1

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

5. 106 E Babcock Street, Suite 1E

(Street Address of Principal Office)

6. 106 E Babcock Street, Suite 1E

(Mailing Address)

Bozeman, MT 59715

Bozeman, MT 59715

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

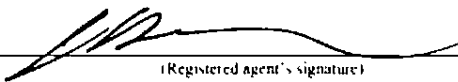
Name: John P Hollihan

Office Address: 230 Arabian Road

Palm Beach, Florida 33480
(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.


(Registered agent's signature)

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STATE
DEPARTMENT
OF REVENUE
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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Geoffrey Anderson</u>
<input checked="" type="checkbox"/> Member	Address: <u>620 E Cottonwood St. #205</u>
<input type="checkbox"/> Authorized	<u>Bozeman., MT 59715</u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☒ Manager Name: Alejandro Lara

☒ Member Address: 11460 Culver Park Drive

☐ Authorized Culver City, CA 90230

Person

☐ Other ☐ Other

☐ Manager Name: Irwin B Ackerman 2019 Revocabl

☒ Member Address: 4334 North Flagler Dr

☐ Authorized West Palm Beach, FL 33407

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: John P Hollihan
<input checked="" type="checkbox"/> Member	Address: 230 Arabian Road
<input type="checkbox"/> Authorized	Palm Beach, FL 33480
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: Gina Caminito

☐ Member Address: 106 E Babcock Street, Ste 1E

☒ Authorized Bozeman, MT 59715

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

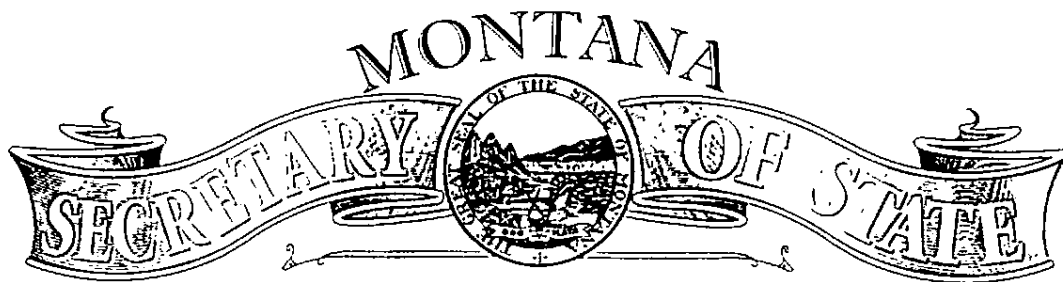
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

 Signature of an authorized person
 Geoffrey Anderson, Manager/Member

 Typed or printed name of signer



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

GOOD HOUSING PARTNERSHIP LLC

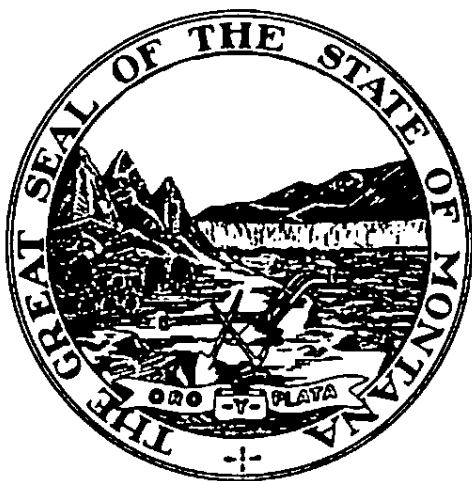
duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **February 11, 2020**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.

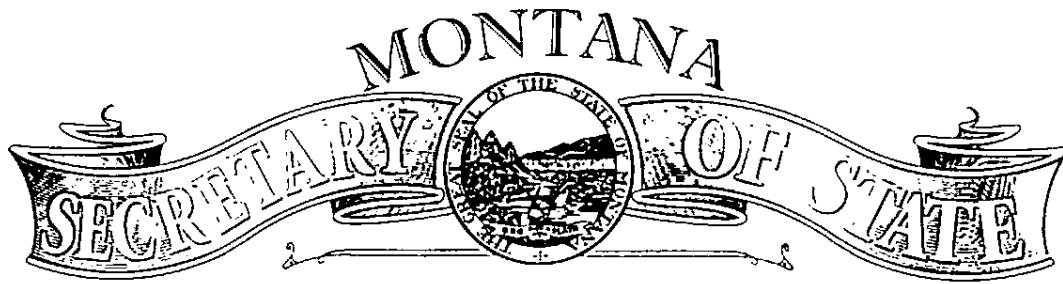


IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 23rd day of October, 2024.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 62175015



CERTIFICATE OF FACT

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify the following information for the limited liability company:

GOOD HOUSING PARTNERSHIP LLC

Date Organized: **February 11, 2020**

Term: **Perpetual**

Status: **Active-Good Standing**

Jurisdiction: **Montana**

Purpose: **CONSULTATION**

Registered Agent: **GINA CAMINITO**

Agent Physical Address: **104 E MAIN STREET, BOZEMAN, MT 59715, UNITED STATES**

Agent Mailing Address: **104 E MAIN STREET, BOZEMAN, MT 59715, UNITED STATES**

Principal Office Address: **SUITE 1E 106 E BABCOCK STREET, BOZEMAN, MT 59715, UNITED STATES**

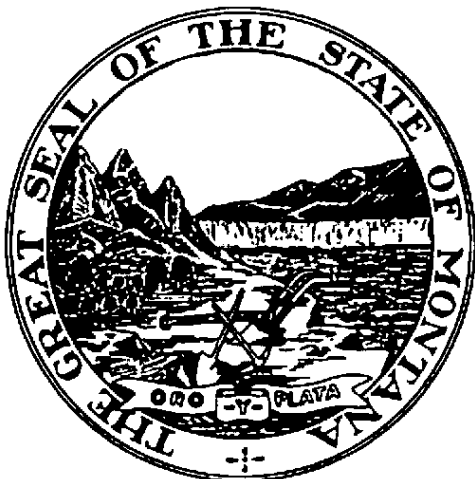
LLC Management: **Member Managed**

Managers/Members

- **Gina Caminito 4146502, GINA CAMINITO STE 1E 106 E BABCOCK ST, BOZEMAN, MT 59715-4773, UNITED STATES**

History Detail:

- **02/21/2024 Annual Report 2024**
- **01/05/2023 Annual Report 2023**
- **02/24/2022 Annual Report 2022**
- **01/21/2021 Annual Report 2021**
- **02/11/2020 Initial Filing**



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of the State of Montana, at
Helena, the Capital, this 23rd day of October, 2024

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State
Certificate Number: 62175318