

M25000005446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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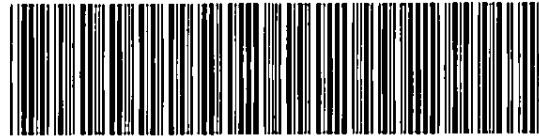
(Business Entity Name)

(Document Number)

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APR 16 2025

K. Brumbley

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/16/2025

Acc#120160000072

*mic SW*

Name:	Kissimmee Leased Housing Associates V, LLC
Document #:	
Order #:	16265158

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<b>1-2 FILING</b>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
		<b>LLC 1st - LP 2nd</b>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
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Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kissimmee Leased Housing Associates V. 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:

Dan Bolles

Name of Person

Dominium, Inc.

Firm/Company

2905 Northwest Boulevard, Suite 150

Address

Plymouth, MN 55441

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:

Neil Kristiansson

612

604-6672

Name of Contact Person

at ( )

Area Code

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. Kissimmee Leased Housing Associates V, 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, USA  
(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 605.0901 & 605.0905, F.S. to determine penalty liability)

2905 Northwest Boulevard  
5. (Street Address of Principal Office)

2905 Northwest Boulevard  
6. (Mailing Address)

Suite 150

Suite 150

Plymouth, MN 55441

Plymouth, MN 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)

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: Stephanie Hencz Stephanie Hencz, Assistant Secretary  
(Registered agent's signature)

APPROVED  
AND  
FILED

2025 APR 16 PM 12:43

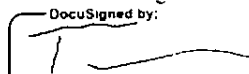
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Paul R. Sween</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark S. Moorhouse</u>
<input type="checkbox"/> Member	Address: <u>2905 Northwest Boulevard</u>	<input type="checkbox"/> Member	Address: <u>2905 Northwest Boulevard</u>
<input type="checkbox"/> Authorized	Suite <u>150</u>	<input type="checkbox"/> Authorized	Suite <u>150</u>
Person	<u>Plymouth, MN 55441</u>	Person	<u>Plymouth, MN 55441</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Nicholas C. Andersen</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Devon M. Quist</u>
<input type="checkbox"/> Member	Address: <u>2905 Northwest Boulevard</u>	<input type="checkbox"/> Member	Address: <u>2905 Northwest Boulevard</u>
<input type="checkbox"/> Authorized	Suite <u>150</u>	<input type="checkbox"/> Authorized	Suite <u>150</u>
Person	<u>Plymouth, MN 55441</u>	Person	<u>Plymouth, MN 55441</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Timothy S. Allen</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2905 Northwest Boulevard</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite <u>150</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Plymouth, MN 55441</u>	Person	_____
<input checked="" type="checkbox"/> Other <sup>Authorized</sup> <u>Representative</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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:  


301-5747-AT-110490  
 Signature of an authorized person

Secretary for Kissimmee Leased Housing  
 Associates V, LLC

Timothy S. Allen

Typed or printed name of signee

**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:	Kissimmee Leased Housing Associates V, LLC
Date Filed:	04/14/2025
File Number:	1556227300021
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/15/2025



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota