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Tallahassee, FL 32312

Date: 04/15/2025

Acc#I20160000072

Name:	Cocoa Leased Housing Associates III, LLC
Document #:	
Order #:	16263327

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
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Amount: $ 155.00

Thank you!

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Cocoa Leased Housing Associates III, 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
Firm/Company

2905 Northwest Blvd, 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:

Mary Grover at (612) 604-6491
Name of Contact Person — 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. Cocoa Leased Housing Associates 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 605.0904 & 605.0905, F.S. to determine penalty liability)

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

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

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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 (City), Florida 33324 (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.

Laura R Broderick Laura R Broderick
(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
■ Manager	Name: Timothy S. Allen	■ Manager	Name: Katessa G. Archer
■ Member	Address: 2905 Northwest Blvd, Suite 150	■ Member	Address: 2905 Northwest Blvd, Suite 150
■ Authorized	Plymouth, MN 55441	☐ Authorized	Plymouth, MN 55441
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
■ Manager	Name: Nicholas C. Andersen	☐ Manager	Name: Christopher Lahna
■ Member	Address: 2905 Northwest Blvd, Suite 150	☐ Member	Address: 2905 Northwest Blvd, Suite 150
☐ Authorized	Plymouth, MN 55441	■ Authorized	Plymouth, MN 55441
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: E. Scott Ewing	☐ Manager	Name: Adam Brookins
☐ Member	Address: 2905 Northwest Blvd, Suite 150	☐ Member	Address: 2905 Northwest Blvd, Suite 150
■ Authorized	Plymouth, MN 55441	■ Authorized	Plymouth, MN 55441
Person		Person	
☐ Other	☐ Other	☐ 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:
35F674FAF7184BD...

Signature of an authorized person

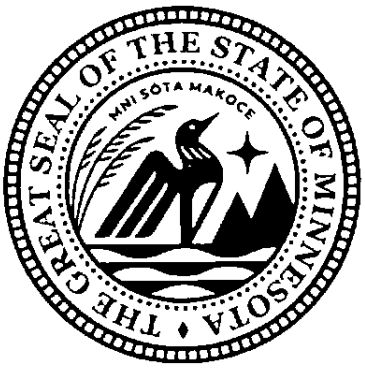
Timothy S. Allen

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:	Cocoa Leased Housing Associates III, LLC
Date Filed:	03/20/2025
File Number:	1551472400022
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota
This certificate has been issued on:	04/14/2025



Steve Simon
Secretary of State
State of Minnesota