

# L1700167005

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

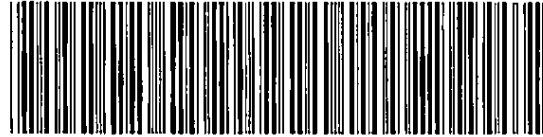
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 AUG -4 PM 3:26

M. MOON

AUG 07 2017

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724*

DATE 8-4-17  
**\*\*WALK IN\*\***

ENTITY NAME HDP Markland LLC  
Cheryl

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

☒

Plain Copy

☐ Certified Copy

☐ Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 155.00  
CHECK # 3939

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HDP MARKLAND 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:

CHRISTOPHER J. FIEGEN  
\_\_\_\_\_  
Name of Person

GRASS LAKE CAPITAL LLC  
\_\_\_\_\_  
Firm/Company

708 MAIN STREET  
\_\_\_\_\_  
Address

EVANSTON, IL 60202-1702  
\_\_\_\_\_  
City/State and Zip Code

CHRISFIEGEN@GRASSLAKECAPITAL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL CONKLIN                      360                      9569500  
\_\_\_\_\_  
Name of Contact Person                      at (                      )                      Daytime Telephone Number  
Area Code

**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:

- |                                              |                                                                      |                                                                          |                                                                                      |
|----------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|----------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

**ARTICLES OF ORGANIZATION  
OF  
HDP MARKLAND LLC**

The undersigned hereby executes these Articles of Organization to form a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **HDP MARKLAND LLC** (the "Company").

**ARTICLE II  
DURATION**

The existence of the Company shall begin on the date of the filing of these Articles of Organization. The Company's existence shall be perpetual.

**ARTICLE III  
PURPOSE**

The Company is created for the purpose of transacting and engaging in any activity or business authorized under the Florida Statutes.

**ARTICLE IV  
ADDRESS**

The mailing address and street address of the principal office for the conduct of business of the Company shall be 708 Main Street, Evanston, Illinois 60202. The members of the Company may, from time to time, move the principal office to other addresses.

**ARTICLE V  
INITIAL REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and address of the initial registered agent for service of process on the Company shall be:

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

The registered agent's signature and acceptance of appointment as registered agent is attached hereto and made a part of the Articles of Organization.

**ARTICLE VI  
MANAGEMENT**

The business of the Company shall be conducted, carried on, and controlled by a Manager ("MGR"). The name and address of the MGR authorized to manage and control the Company is as follows:

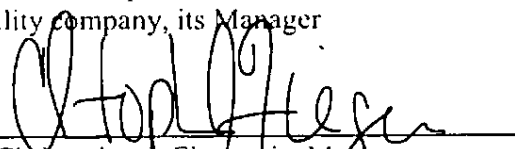
HDP JV One LLC  
708 Main Street  
Evanston, Illinois 60202

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 4 day of August, 2017, effective upon filing same with the Florida Department of State.

**MANAGER:**

HDP JV ONE LLC, a Delaware limited liability company

By: Grass Lake Capital LLC, a Delaware limited liability company, its Manager

By:   
Christopher J. Fiegen, its Manager

(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.)

### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for **HDP MARKLAND LLC**, at the place designated in the Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

NRAI Services, Inc.

8-4-17  
Date signed

By: Cheryl Conklin  
Name: Cheryl Conklin  
Title: Asst Secretary