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Division of Corporations
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Florida Department of State
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To: Division of Corporations
Fax Number : (950)674-6303

From: Account Name : HRAT SERVICES, LLC
Account Number : 120030000104
Phone : (302)674-4089
Fax Number : (302)674-5366

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: largall@hollandbankhart.com

Foreign Limited Liability Company
ORANGE GROVE MHRV LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ORANGE GROVE MHRV 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. Delaware (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 605.0964 & 605.0905, F.S. to determine penalty liability)

5. 7749 Normandy Boulevard, #145
Jacksonville, FL 32221
(Street Address of Principal Office)

6. Same as above
(Street Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 10 AM 9:51
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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: [Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has have authority to manage is/are:
MHC Management Services LLC, Manager, 7749 Normandy Blvd., #145, Jacksonville, FL 32221

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)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0703 (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.

Mark J. Sullivan
Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORANGE GROVE MHRV LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORANGE GROVE MHRV LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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