Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 12000000195

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rmall Address;	Email	Address:	
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FLORIDA/FOREIGN LP/LLLP MHC FINANCING LIMITED PARTNERSHIP TWO

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

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3/26/2010 4:40:41 PM . PAGE

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10 MAR 26 AM 9: 00
SECRETARY OF DE-

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA Limited (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Parmership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. (If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.) (State or Country of Formation) (Date of Formation) 4. Corporation Service Company (Name of Registered Agent for Service of Process) 5, 1201 Hays Street (Florida street address for Registered Agent) Tallahassec, FL 32301 6. Thereby 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 an accept the obligations of my position as registered agent. Corporation Service Company Signature of Registered Agent Dawn Frantz, Asst. Secretary 7. Two North Riverside Plaza, Suite 800 (Principal office address) Chicago, IL 60606

Page 1 of 3

8. If limited partnership is a limited liability limited partnership, check box

9. Two N. RIVERSIA	se Plazn, Ste. 600
Chicago, IL 60	606
10. Name, principal office address, and ma-	
MHC-BRS TWO, Inc. (Namo) F98-219	Two N. RILLEGIDE, PLAZA Ste. 800 (Street Address) Chicago, IL 60606 (Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

Page 2 of 3

(Name)	(Street Address)			
	(Mailing Address)	- -		
(Name)	(Street Address)	····		
	(Mailing Address)	-		
	·			
11. Effective date, if other than the date of filing:				
(Effective date cannot be prior to nor more the filed by the Florida Department of State.)	than 90 days after the date this document is			
State or other official having custody of the law of which it is organized.	ida Department of State, by the Secretary of entity's records in the jurisdiction under the	SECREIN	10 MAR 26	FIL
Signed this 26 day of 7	rarel 20 10.	SEE, FL	R	GJ.
Signature of a general partner: MHC -C	irs Two, Inc.	ORIDA	9: 00	

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

Piling Fees: Certified Copy (optional): Certificate of Status (optional):

\$8.75

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC FINANCING LIMITED PARTNERSHIP TWO" 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC FINANCING LIMITED PARTNERSHIP TWO" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 1997.

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

2835275 8300

100322340

You may verify this certificate online at corp. delawarn. Gov/authver. showl

jeftrey W Bullock, Secretary of State

UTHENTY CATION: 7895225

DATE: 03-26-10