

**B18000000/65**

Division of Corporations  
 Florida Department of State  
 Electronic Filing Cover Sheet

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(((H18000175806 3)))



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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FC4000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP****SHI-III Merrill Solivita JV Company L.L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

**\*\*please file 2nd after the registration of MG SHI-III JV Sub L.L.C - cover page**  
 #H18000178502 3

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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL

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Corporate Filing Menu

Help

K. SALY

JUN 15 2018

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

**FILED**  
18 JUN 14 AM 9:52  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

1. SHJ-HMerrillSolivitaJVCompany,LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership 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.

2. Delaware

State or Country of Formation

3. 6/1/18

Date of Formation

4. Federal Employer Identification Number: 83-0795689

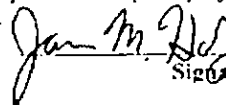
5. Name of Registered Agent for Service of Process and Florida Street Address:

CTCorporationSystem

1200SouthPinelIslandRoad

Plantation,FL,33324

6. 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.

 James Halpin, Assistant Secretary  
Signature of Registered Agent

7. Principal Office:

1200SouthPinelIslandRoad

Plantation,FL,33324

8. Mailing Address:

1200SouthPinelIslandRoad

Plantation,FL,33324

9. If limited partnership is a limited liability limited partnership, check box. ☒

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: MGSIIJ-HIJVSUBLIC

Name of General Partner: \_\_\_\_\_

Street Address: 1938FairviewAvenueE,Suite300  
Seattle, WA 98102

Street Address: \_\_\_\_\_

Mailing Address: 1938FairviewAvenueE,Suite300  
Seattle, WA 98102

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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18 JUN 14 AM 9:52  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th day of June, 2018

see attached

Signature of a general partner

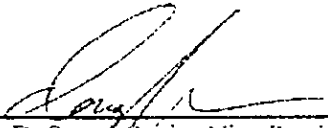
The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

**GENERAL PARTNER**

**MG SHI-III JV SUB LLC**, a Washington limited liability company

By: R.D. Merrill Company, a Washington corporation, its Manager

By:   
\_\_\_\_\_  
Douglas D. Spear, Senior Vice President and Chief Financial Officer

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CLERK OF SUPERIOR COURT  
JANUARY 14, 2018

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHI-III MERRILL SOLIVITA JV COMPANY LLLP" 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 ELEVENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHI-III MERRILL SOLIVITA JV COMPANY LLLP" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2018.

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


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18 JUN 14 AM 9:52  
DELAWARE STATE  
CORPORATION DIVISION



6912980 8300

SR# 20185079565

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202857831

Date: 06-11-18