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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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.\*\*

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## FLORIDA/FOREIGN LP/LLLP

# MHC Marina Property Management Limited Partnership

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

5 page fax

The General Partner is active, M19000010834 (pending-spellingcorrection of the approved entity) Help Please honor the original submission date of 11/06/2019

Clayland

٠,

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

MHC Marina Property Management La ed Partnership (Name of Limited Partnership or Limited Limbility 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. 2. DELAWARE 3. 9/19/2019 State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 84-3104344 5. Name of Registered Agent for Service of Process and Florida Street Address: C.T. Corporation System 1200 South Pine Island Road Plantation, Florida 33324 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 and accept the obligations of C T Corporation System

Signature of Registered Agent my position as registered agent. 7. Principal Office: 8. Mailing Address: TWO N. RIVERSIDE PLAZA, SUITE 800 TWO N. RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606 CHICAGO, IL 60606 9. If fimited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and malling address of each general partner: Name of General Partner: MHC Property Management GP, L.L.C. Name of General Partner: TWO N. RIVERSIDE PLAZA, SUITE 800 Street Address: Street Address: CHICAGO, IL 60606 TWO N. RIVERSIDE PLAZA, SUITE 800 Mailing Address:\_\_ Mailing Address: CHIÇAGO, IL 69606 Street Address: Street Address: \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Mailing Address: \_\_\_ Mailing Address:

Name of Gen	eral Partner:		Name of General	Partnert	<u> </u>		
Street Address	s:		Street Address:				
Mailing Addi	ess:		Mailing Address:				
Note: If the date is document's effect	e, if other than the date of filin nnor be prior to nor more than 9 inserted in this block does not me tive date on the Department of 8 certificate of existence duly auth nt of State, by the Secretary of 8	eet the applicable state's records.  enticated, not more	tatutory filing requ than 90 days priot	rements, this date	te will not be. 무슨. of this applica	listed a 2015	s the
	6th day of		,20 19		ASSEE, FLOR	-6 PM 4:	
The individual signs submitted in a doc	gaing this document affirms that cument to the Department of Sta	the facts stated her	ein are true and the	individual is aw provided for in s	are that faise	ယ ii <del>libl</del> in i.	ation
	Filing Fees: Certified Copy (optional): Certificate of Status (optional	\$52.5		ee and \$35 Regi	stered Agent	(Fee)	

Page 2 of 2

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MHC MARINA PROPERTY MANAGEMENT LIMITED

PARTNERSHIP" 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 SIXTH DAY OF NOVEMBER, A.D.

2019.

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

2019 NOV -6 PH 4: 39

corp delaware goy/authver

7615391 8300

SR# 20197956353

You may verify this certificate online at corp delaware.gov/authver.shtml

Jeffrey W. Bulliace, Baccedary of State

Authentication: 203952240

Date: 11-06-19

850-617-6381 11/8/2019 2:36:50 PM PAGE 1/001 Fax Server



November 8, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: MHC MARINA PROPERTY MANAGEMENT LIMITED PARTNERSHIP

REF: W19000098872

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover-sheet.

Every corporation, limited partnership, general partnership,  $\Im$  imited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II FAX Aud. #: H19000328443 Letter Number: 819A00023175