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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA020000923 Phone : (614)280-3338 : (614)573-3996 Fax Number

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

Email Address: marie.dumesnil@invesco.com

FLORIDA/FOREIGN LP/LLLP HIGHLANDS MH, LP

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Help



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

L Highlands MH, LP			
Acceptable Limited P	artnership suffixes: Limited Partnershi	lity Limited Paytnership, which must include suffix) hip, Limited, L.P., L.P., or Ltd. Limited Liability Limited Partnership, T.L.L.P., or T.L.P.	
If name unavailable,		ship or limited liability limited partnership proposes to register to traca; must contain acceptable suffix.	isact
2. Delaware		3. March 6, 2024	
	te or Country of Formation	Date of Formation	
4. Federal Employer	Identification Number In Process		
	ed Agent for Service of Process and Fl	Florida Street Address:	
1200 South Pine Islan	nd Road		
Plantation, Florida 3.	3324		
	tive to the proper and complete perform stered agent. By: Is/ Sandra Zwi	agree to act in this capacity. I firther agree to comply with the provi mance of my duties, and I am familiar with and accept the obligations apporation System vijack, Assistant Secretary re of Registered Agent	
7. Principal Office:		8, Mailing Address:	
2001 Ross Avenue, S	Suite 3400	2001 Ross Avenue, Suite 3400	
Dallas, TX 75201		Dalias, TX 75201 S.B. 202	
		Dalias, TX 75201 S C C RE T	
9. If limited partner	ship is a limited liability limited parti		500.0) 57550
10. Name, principal	office address, and mailing address of	of each general partner:	1
Name of General	Partner: Medallion Highlands MH GP,		نہے۔
	2001 Ross Avenue, Suite 3400	Street Address:	
-	Dallas, TX 75201		
Mailing Address:	2001 Ross Avenue, Saite 3400	Mailing Address:	
	Dallas, TX 75201		
Name of General	Partner:	Name of General Partner:	
Street Address:		Street Address:	/*/
Mailing Address:		Mailing Address:	

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 fil (Effective date cannot be prior to nor more than Note: If the date inserted in this block does not document's effective date on the Department of	g:0d days after the date this document is filed by the Florida Department of State, rect the applicable statutory filing requirements, this date will not be listed as the state's records.
	penticated, not more than 90 days prior to the delivery of this application to the state or other official having custody of the entity's records in the jurisdiction under
Signed this 15th day of Ma	ili20iallion Highlands MH GP, LLC

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 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52,50 Certificate of Status (optional): \$8.75

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HIGHLANDS MH, LP" 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 FIFTEENTH DAY OF MARCH, A.D. 2024.

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

at som celavace sov/auci

Authentication: 203039063

Date: 03-15-24