M 0800000 2883

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
|). | | | |
| | | | |
| | | | |

Office Use Only



100130889421

NI WILL SO WILL BO

ROT RATENDED TO ACKHOWLEDGE SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

B. KOHR
JUN 1 8 2008

EXAMINER

Amanda Roath

From: Sent: To:

Amanda Haddan [ahaddan@cscinfo.com]

Tuesday, June 17, 2008 4:03 PM

Amanda Roath

ACCOUNT NO. : 072100000032

REFERENCE

5040795 PILED MILLS

AUTHORIZATION

COST LIMIT

\$ 160.00

ORDER DATE: June 17, 2008

ORDER TIME: 4:02 PM

ORDER NO. : 613286-010

CUSTOMER NO:

5040795

FOREIGN FILINGS

NAME:

SILVER DOLLAR SHOOTERS'

RESORT, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX

CERTIFIED COPY

XX

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath -- EXT# 2955

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. SILVER DOLLAR SHOOTERS' RESORT, L.L.C. |
|--|
| (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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) |
| 4. June 17, 2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. Two N. Riverside Plaza, #800 |
| Chicago, Illinois 60606 (Street Address of Principal Office) |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. Two N. Riverside Plaza, #800 Chicago, Illinois 60606 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| MHC Operating Limited Partnership, an Illinois limited partnership |
| Two N. Riverside Plaza, #800 Chicago, IL 60606 |
| 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Leasing |
| |
| x Ten Al |
| Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are use.) Norman Field. VP of General Partner |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | | | | |
|--|---|--|--|--|
| SILVER DOLLAR SHOOTERS' RESORT, L.L.C. | | | | |
| If name unavailabl | ole, the alternate name to be used in the state o | f Florida is: | | |
| 2. The name and t | the Florida street address of the registered age | ent and office are: | | |
| С | Corporation Service Company | | | |
| _ | (Name) | | | |
| 1201 Hays Street | | | | |
| | Florida Street Address (P.O. Box NOT A | CCEPTABLE) | | |
| T | Tallahassee _{FL} 3230 | 1 | | |
| City/State/Zip | | | | |
| liability company a agent and agree to relating to the prop obligations of my p | ed as registered agent and to accept service of p at the place designated in this certificate, I here o act in this capacity. I further agree to comply per and complete performance of my duties, and position as registered agent as provided for in Cervice Company Amanda Ro | by accept the appointment as registered with the provisions of all statutes I am familiar with and accept the Chapter 608, Florida Statutes. | | |

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVER DOLLAR SHOOTERS' RESORT, L.L.C." 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 SEVENTEENTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVER DOLLAR SHOOTERS' RESORT, L.L.C." WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2008.

4562717 8300

080700595

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

Varnet Smith Windson

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6665977

DATE: 06-17-08