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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hometown Sunny South, L.L.C.

Certificate of Status	0
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D. BRUCE

NOV 18 2008

EXAMINER

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Help

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:

ĹΛ	ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S	PATE OF FLORIDA:	
1.	Homelown Sunny South, L.L.C.			
	(Name of Poreign Limited Liability Company; must inclu	ude	"Limited Liability Company," "L.E.C.," or "LLC.")	
cor	name unavailable, enter alternate name adopted for the purposent of the managers or managing members adopting the alternative," "L.L.C.," "LLC.")			
2.	Detaware .	3.	38-3140664	
(Jurisdiction under the law of which foreign limited liability ompany is organized)		(FEI number, if applicable)	
4.	November 14, 2008	5.	2038	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Upon qualification.		OSEC ALL	
٠,	(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	lori S. u	o determine penalty liability)	7
7.	c/o Hometown America 150 N. Wacker Drive, Suite 2800, 4	Chi		_
			<u>, , , , , , , , , , , , , , , , , , , </u>	in
	(Street Address	i ol	Principal Office)	
8.	If limited liability company is a manager-managed	d c	ompany, check here	
9.	The name and usual business addresses of the mar	าลรู	ging members or managers are as follows:	
	Hometown Communities Limited Partnership - 150 N. Wat	cke	r Drive, Ste. 2800, Chicago, IL 60606	
	Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocopy			xcls ir
	slation of the certificate under oath of the translator must be sub-			
1.1	Nature of business or purposes to be conducted of	7	promoted in Elucids:	
; :	• •	ar j	Stomoted in Provide.	
	Own manufactured home community.			
	marcela Bode	()	N->	
	Signature of a member or an a	uth	ngrized representative of a niember.	
	an affirmation under the penaltius of pe	រៀបរ	y that the facts stated herein are true.)	
	Marcela Godoy, Authorized Represe			
	i veed or printe	2Q)	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:

Hometown Sunny South, L.L.C.			
If name unavailable, the alternate name	to he used in the state of	Florida is:	
	<u> </u>	····	A S
2. The name and the Florida street addr	ress of the registered agen	t and office are:	NOV CRETA LAHAS
	C T Corporation System		- 1 PR -
	(Name)		- 179 _ r
-	200 South Pine Island Road		
Florida Street	Address (P.O. Box NOT ACC	CEPTABLE)	34 M
Plantation	''''	33324	
	FI		
	Ciry/State/Zip		
Having been named us registered agent a liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfoobligations of my position as registered at the complete performance of the companion System.	City/State/Zip and to accept service of pro l in this certificate, I hereby further agree to comply w primance of my duties, and	y accept the appoi ith the provisions I am familiar with	ntment as registered of all statutes and accept the
liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfoobligations of my position as registered a CT Corporation System	City/State/Zip and to accept service of pro- l in this certificate, I hereby further tigree to comply wormance of my duties, and agent as provided for in Cl	y accept the appoi ith the provisions I am familiar with	ntment as registered of all statutes and accept the
liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfoobligations of my position as registered a CT Corporation System By:	City/State/Zip and to accept service of pro- l in this certificate, I hereby further agree to comply wormance of my duties, and agent as provided for in Cl Kimberly Breunling	y accept the appoi ith the provisions I am familiar with	ntment as registered of all statutes and accept the
liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfoobligations of my position as registered a CT Corporation System	City/State/Zip and to accept service of pro- l in this certificate, I hereby further tigree to comply wormance of my duties, and agent as provided for in Cl	y accept the appoi ith the provisions I am familiar with	ntment as registered of all statutes and accept the
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liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfoobligations of my position as registered a CT Corporation System By: (Signature)	City/State/Zip and to accept service of pro- l in this certificate, I hereby further agree to comply we be mance of my duties, and agent as provided for in Cl Kimberly Breunling Assistant Secretary	v accept the appoint the provisions of am familiar with apter 608, Floridal the faction of the f	ntment as registered of all statutes and accept the
liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete perfoobligations of my position as registered at CT Corporation System By: (Signature) \$ 100 \$ 25 \$ 30	City/State/Zip and to accept service of pro- l in this certificate, I hereby further agree to comply wormance of my duties, and agent as provided for in Cl Kimberly Breunling Assistant Secretary 0.00 Filing Fee for App	v accept the appoint the provisions of am familiar with napter 608, Floridal lication gistered Agent otional)	ntment as registered of all statutes and accept the

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HERBEY CERTIFY "HOMETOWN SUNNY SOUTH, 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 NOVEMBER, A.D. 2008.

OR NOV 17 AN 8: 41
SECRETARY OF STATE
TALLAHASSEF FIGURE

4623472 8300

081119338

You may verify this cortificate online

Varnet Smile Mendson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6969071

DATE: 11-17-08