M11000004574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
P WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
s to Filing Officer:

Office Use Only

B. KOHR

SEP 1 3 2011

EXAMINER



000211466000

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

11 SEP 13 PM 1:57

SECRETARY OF STATE OF CORPORATIONS



ACCOUNT	NO		I2000000195
VCCOOMT.	TAO.	•	TZ0000000133

REFERENCE : 909397

AUTHORIZATION :

0 0

COST LIMIT : \$ 130.00

ORDER DATE : September 13, 2011

∰ORDER TIME : 11:20 AM

ORDER NO. : 909397-010

SUSTOMER NO: 4304335

FOREIGN FILINGS

NAME: MHC CLOVERLEAF, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

LEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER:

TEGERAL OF STATIONS OF THE PROPERTY OF THE PRO

COVER LETTER

Registration Section Division of Corporations

MHC Cloverleaf, L.L.C. Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

.*	Jo Figueroa	
		Name of Person
i · •	Equity Lifestyle Propert	
e" .#		Firm/Company
	Two North Riverside Pla	aza, Suite 800
, Å		Address
	Chicago, IL 60606	
		City/State and Zip Code
	jo_figueroa@equitylifes	style.com
	E-mail addre	ess: (to be used for future annual report notification)
turther inf	E-mail address ormation concerning this matter.	,
	ormation concerning this matter,	, please call:
		, please call:
Jo Fi	ormation concerning this matter, gueroa Name of Person	at (312) 279-1670 Area Code & Daytime Telephone Number
Jo Fi	ormation concerning this matter, gueroa Name of Person LING ADDRESS:	at (312) 279-1670 Area Code & Daytime Telephone Number STREET ADDRESS:
Jo Fi MAII Divis	ormation concerning this matter, gueroa Name of Person	at (312) 279-1670 Area Code & Daytime Telephone Number
Jo Fi MAI Divis Regis	ormation concerning this matter, gueroa Name of Person LING ADDRESS: ion of Corporations	at (312) 279-1670 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Jo Fi MAII Divis Regis P.O. 1	ormation concerning this matter, gueroa Name of Person LING ADDRESS: ion of Corporations tration Section	at (312) 279-1670 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
Jo Fi MAII Divis Regis P.O. 1	ormation concerning this matter, gueroa Name of Person LING ADDRESS: ion of Corporations tration Section Box 6327	at (312) 279-1670 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Jo Fi MAII Divis Regis P.O. I Tallal	ormation concerning this matter, gueroa Name of Person LING ADDRESS: ion of Corporations tration Section Box 6327	at (312) 279-1670 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	, APLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG. DLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	C Cloverleaf, L.L.C.
	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."
consent	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability", "L.L.C," "LLC.")
n Del	aware 3.
(Juris comp	diction under the law of which foreign limited liability (FEI number, if applicable) any is organized)
a) Sép	tember 9, 2011 5. Perpetual
iN/A	(Date of Organization) (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	North Riverside Plaza, Suite 800
Č hi	cago, IL 60606
1	(Street Address of Principal Office)
8: ([f]]	mited 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:
M M	HC Operating Limited Partnership, an Illinois limited partnership
Τv	vo North Riverside Plaza, Suite 800
C l	icago, IL 60606
	shed is an existence of existence as more than 00 days and dark authoritizated by the official having a start of possible in
	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in tiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	on of the certificate under oath of the translator must be submitted.)
l l- Na	ature of business or purposes to be conducted or promoted in Florida: Real Estate Investment
	·
	See Signature Page Attached Hereto.
	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
San San	penalties of perjury that the facts stated herein are true. I am aware that any 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.)
	Typed or printed name of signee

MHC Cloverleaf, L.L.C., a Delaware limited liability company

By: MHC Operating Limited Partnership, an Illinois limited partnership, its sole member

By: MHC Trust, a Maryland real estate investment trust, its general partner

By: Equity Lifestyle Properties, Inc., a
Maryland corporation, its sole voting
shareholder

By: /s/ Sara B. Tobler
Name: Sara B. Tobler

Title: An Authorized Person

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 TÖ DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

`1 _∰ The name of	the Limited Liability Compa	any is:
MHC Cloverle	af, L.L.C.	
If unavailable, t	he alternate to be used in the	state of Florida is:
<u>""</u>		
n The name an	d the Florida street address o	of the registered agent and office are:
2. The name an	a the Florida sheet address o	
(*. 	Corporation Service Compar	ny
ji t	- -	(Name)
	1201 Hays Street	
•	Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
•	•	City/State/Zip
liability compan agent and agree relating to the pr obligations of m	y at the place designated in th to act in this capacity. I furth roper and complete performan	o accept service of process for the above stated limited is certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes ace of my dities, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. Harry B. Devis Asst. Vice President
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Cartified Copy (optional)

5.00 Certificate of Status (optional)

Delaware PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC CLOVERLEAF, 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 NINTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC CLOVERLEAF, L.L.C." WAS FORMED ON THE NINTH DAY OF SEPTEMBER, Ā.D. 2011.

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

5035729 8300

110993825

Jeffrey W Bullock, Secretary of State AUTHENTICATION: 9019595

DATE: 09-09-11