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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

\*\*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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### Foreign Limited Liability Company MHC Harbor Lakes, L.L.C.

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FEB 24 2015

J. BRUCE 2/23/2015

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MHC Harbor Lakes, L.L.C.				
Name	of Limited Liability Company		<del>-</del>	
The enclosed "Application by Foreign Limited Liabili Existence, and check are submitted to register the abo	ty Company for Authorization t we referenced foreign limited his	o Transact Business in Florida ability company to transact bu	1," Certific sinoss in F	ate of lorida.
Please return all correspondence concerning this matter	er to the following:			
JO FIGUEROA				
	Name of Person		-	
EQUITY LIFESTYLE PROPERTIE	ES, INC.		25 c.3	2015
	Firm/Company			833
TWO N. RIVERSIDE PLAZA, SUI	TE 800		1287 1788 1788	B 23
	Address		711 (C)	-P
CHICAGO, 1L 60606		·····	- 0.5 - 3.5 - 3.5	H 12: 2
	City/State and Zip Code		ORIGIAN DA	23
jo_figueron@equitylifestyle.com				_
E-mail address: (t	o be used for future annual report (	notification)		
For further information concerning this matter, please	call:			
JO FIGUEROA	nt (312 ) 2'	79-1670	,	
Name of Confect Person	Area Code	Daytimo Telephone Number	<del>-</del>	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of S	Pee & \$155.00 Filing Fe	e & S160.00 Filing Fee, of Status & Certific		e

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

name unavailable, enter alternate name adopted for the pability Company," "L.L.C." or "Ll.C.")	purpose of transacting business in Florida. The alternate name must include "L	.imited
DELAWARE	3. 35-2522612	
(Jurisdiction under the law of which foreign limited liabil company is organized)	lity (FEI number, if applicable)	_
(Dute first transpoint) (See sections 605.0904 &	business in Florida, if prior to registration.) & 605.0905, P.S. to determine penalty liability)	
TWO N. RIVERSIDE PLAZA, SUITE 800		_
CHICAGO, IL 60606	Ä.;	23
(Sir	reet Address of Principal Office)	
TWO N. RIVERSIDE PLAZA, SUITE 800		( <del>)</del>
CHICAGO, IL 60606		23
Chicheo, is coope	(Mailing Address)	— <del>- 0</del>
The name, title or capacity and address of	f the person(s) who has/have authority to manage is/are:	
EE ATTACHED LIST	<u> </u>	23
		_
Attached is an existent contillecte of aviete	ence, no more than 90 days old, duly authenticated by the o	.eioioi
	under the law of which it is organized. (A photocopy is no	
	nguage, a impsiation of the certificate under oath of the tra	
ust be submitted)	1 1	
·		
M	ature of an authorized person	

Typed or printed name of signee

FL057 - 01/16/2014 Walters Kluwer Online

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

MHC Herbor	e of the Limited Liability Con Lakes, L.L.C.	npany is:	
If unavailab	le, the alternate to be used in t	the state of Florida is:	
2. The name	e and the Florida street addres	ss of the registered agent and office are	e:
	CT Corporation System		
		(Name)	<del></del>
	1200 South Pine Island Road		2015 ALC:
	Florida Street /	Address (P.O. Box NOT ACCEPTABLE)	5. m
	Plantation	FL 33324	EB 23
		City/State/Zip	PH PH
liability com registered a statutes rela	pany at the place designated i gent and agree to act in this co ting to the proper and complet	nd to accept service of process for the a in this certificate, I hereby accept the a apacity. I further agree to comply with te performance of my duties, and I am j gistered agent as provided for in Chap	ppointment as 19 2 the provisions of all familiar with and
	C T Corporation System By:	Î	Control
		gnature) Come Bry	
	\$ 100.0 \$ 25.0 \$ 30.0 \$ 5.6	Designation of Registered Agen Certified Copy (optional)	t

- 1. Title: MEMBER
  MHC OPERATING LIMITED PARTNERSHIP
  TWO NORTH RIVERSIDE PLAZA, SUITE 800
  CHICAGO, IL 60608
- Title: Senior Vice President, General Counsel and Secretary KENNETH, KROOT TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60608
- 3. Title: VP JACCARD, WALTER TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- Title: Executive Vice President, CFO and Treasurer SEAVEY, PAUL TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- 5. Title: VP FIELD, NORM TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- Title: CEO, President NADER, MARGUERITE TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- 7. Title: SVP
  OALE ALMOND
  TWO NORTH RIVERSIDE PLAZA, SUITE 800
  CHICAGO, IL 60606
- 8. Title: SVP BRAD NELSON TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- 9. Title: VP PAUL HUFF TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60608

2015 FEB 23 PM 12: 2

# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MHC HARBOR LAKES, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2015.

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

5656990 8300

DATE: 02-20-15

AUTHENTACATION: 2139226

jelfrey W. Bullack, Secretary of State

150236194