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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) 205-8842 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company MHC Miami Everglades, L.L.C.

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5/18/2015

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5/18/2015 12:47 13 PM From: To: 8506176383(2/6)

COVER LETTER

		·	O GR DELIER			
_	tration Section					
Divisi	ion of Corporations					
SUBJECT: N	AHC Miami Evergla	des, L.L.C.,				
		Name of L	imited Liability Compa	ny		
					ransact Business in Florida," ty company to transact busin	
Please return a	Il correspondence co	ncerning this matter to	the following:			
	JO FIGUEROA					
			Name of Person			
	EQUITY LIFEST	YLE PROPERTIES,	INC.			
			Firm/Company			
	TWO N. RIVERS	SIDE PLAZA, SUITE	800			
		<u></u>	Address			
	CUICAGO II 4	1606				
	CHICAGO, IL 60		ity/State and Zip Code	·		
	in Commence	milifactula mam				
	jo_figueroa@cqui	E-mail address: (to be	used for future univers	report notifi	cation)	•
For further info	ormation concerning	this matter, please cal	ıl:			
JO FI	IGUEROA		at (312	279-1	670	
		Contact Person	Aren Coc	le D	aytime Telephone Number	,
MAI	LING ADDRESS:		REET ADDRESS:			
Divis	ion of Corporations		vision of Corporation	S		
	tration Section		gistration Section			
	Box 6327		ifton Building	~ .		
Tallai	hassee, FL 32314		61 Executive Center (Illahassee, FL 32301	Circie		
Enclosed is	a check for the fo	ollowing amount:				
□ S1	25.00 Filing Fee	S130.00 Filing Fer Certificate of Stat		-	☐ \$160.00 Filing Fee, C of Status & Certified	

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:

1. MHC Miami Everglades, L.L.C.		
(Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC	2.")
(If name unavailable, enter alternate name adopted for the purpose of te Liability Company," "LL.C," or "LLC.")	unsacting business in Florida. The alternate name in	ust include "t.imited
2 DELAWARE	3	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	事 4
4.		
(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to registration.) F.S. to determine penalty liability)	0 1
5. TWO N. RIVERSIDE PLAZA, SUITE 800		<u> </u>
CHICAGO, IL 60606		2: 21 2: 21
(Street Address	of Principal Office)	一高 点 0
6. TWO N. RIVERSIDE PLAZA, SUITE 800		7
CHICAGO, IL 60606		
	ng Address)	
7. The name sittle or connecting and address of the name	on (a) who has/have authority to many	a lalama.
7. The name, title or capacity and address of the pers	con(s) who has have authority to manag	e is/are:
SEE ATTACHED LIST		
		
		
8. Attached is an original certificate of existence, no r		
having custody of records in the jurisdiction under the		
acceptable. If the certificate is in a foreign language, a must be submitted)	i translation of the certificate under oat	n of the translator
must be subtitued)		
	1/27_	
	n authorized person	
(In accordance with section 605.0203, F.S., the execution of this document comets any aware that any false information submitted in a document to the Department	stitutes an affirmation under the penalties of perjury that it t of State constitutes a third degree felony as provided for i	ne facts stated herein are true. in s.817.155, F.S.)
Paul Huff, Vice President		
Typed or printed	name of signee	

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA'
STATISTICS. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:				
2. The name	e and the Florida street add	lress of the registered agent and office are:		
	C T Corporation System			
		(Namo)		
	1200 South Pine Island Re	and		
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
		City/State/Zip		

C T Corporation System

Filing Fee for Application \$ 100.00 Designation of Registered Agent \$ 25.00 Certified Copy (optional) \$ 30.00 Certificate of Status (optional) 5.00

Statutes.

- 1. Title: MEMBER
 MHC OPERATING LIMITED PARTNERSHIP
 TWO NORTH RIVERSIDE PLAZA, SUITE 800
 CHICAGO, IL 60606
- Title: Senior Vice President, General Counsel and Secretary KENNETH, KROOT TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60806
- 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
- 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
- Title: SENIOR VICE PRESIDENT DALE ALMOND TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- Title: SENIOR VICE PRESIDENT BRAD NELSON TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- 9. Title: VP
 PAUL HUFF
 TWO NORTH RIVERSIDE PLAZA, SUITE 800
 CHICAGO, IL 60606
- 10. Title: VP ERIC ZIMMERMAN TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
- 11. Title: VP
 DAWN RUMPF
 TWO NORTH RIVERSIDE PLAZA, SUITE 800
 CHICAGO, JL 60606

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC MIAMI EVERGLADES, 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 EIGHTEENTH DAY OF MAY, A.D. 2015.

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

5748039 8300

150697460

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2385626

DATE: 05-18-15