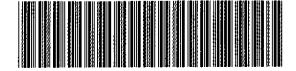
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 636792 REFERENCE 7175508 AUTHORIZATION CONTROL COST LIMIT : \$**~**125.00 ORDER DATE: May 20, 2015 ORDER TIME : 10:52 AM ORDER NO. : 636792-020 CUSTOMER NO: 7175508 FOREIGN FILINGS NAME: BRIARWOOD MHP LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Lydia Cohen -- EXT# 62974 EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporation	ns				
SUBJEC	BRIARWOOD MH	IP LLC				
SUBJEC		Name of	Limited Liability	Company		
					ransact Business in Florida," ty company to transact busin	
Please re	turn all correspondence of	concerning this matter to the	following:			
	BECKY JO M	ORGAN, PARALEGAL				
		N	lame of Person			
	LEVENFELD	PEARLSTEIN, LLC				
		F	irm/Company			
	2 N. LASALLI	E STREET, SUITE 1300				
			Address			
	CHICAGO, IL	60602				
	<del></del>	City/S	State and Zip Code	· <del>- ·</del>		
	gshabat@lakesho	oremhc.com				
	<del></del>	E-mail address: (to be use	d for future annua	report no	tification)	
For further	er information concerning	g this matter, please call:				
	Becky Jo Morgan, Parale	egal	312 at (	476-75		
•	Name o	f Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRESS:				Γ ADDRESS:	
	Division of Corporations Registration Section				of Corporations tion Section	
	P.O. Box 6327			Clifton E		
•	Tallahassee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301	
Enclosed	is a check for the follow	ing amount:			•	
	\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cel of Status & Certified Copy AHAS	AO KOISIAIU
					<b>第</b> 章	

# 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:

						_
f name unavailable, enter : iability Company," "L.L.C	alternate name adopted for the purpos "," or "LLC.")	se of transacting busin	ess in Florida. The alternate nam	e must inc	elude "L	imited
DELAWARE		36-4290255	3			
(Jurisdiction under the law company is organized)	v of which foreign limited liability	V	(FEI number, if applicable)			
UPON REGISTRATI	ION					
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior	to registration.)	-		
8800 N. BRONX AV						
SKOKIE, IŁ 60077						
	(Street Address of	Principal Office)				
8800 N. BRONX AVE	ENUE, 2ND FLOOR					
SKOKIE, IL 60077					5	1810 1880
	(Mailing	Address)			FE: \	조주
Name and street addre	ss of Florida registered agent: (P.	O. Box NOT accer	otable)	15.55 15.55	:>	
Name:	Corporation Service Company			A A	P	
Office Address:	1201 Hays Street		<del></del>	85. 1. S	PM I2: Կե	7.80¢
	T.11.1			夏류	ij	15°
	Tallahassee (City)		, Florida <u>32301</u> (Zip code)			-3.5
egistered agent's accep	tance:		` •			
is application, I hereby ith the provisions of all	gistered agent and to accept serv accept the appointment as regist statutes relative to the proper and ition as registered opent.	tered agent and agr d complete perform	ee to act in this capacity. I for ance of my duties, and I am	erther agi	ree to c	omply
e obligations of my pos	Corporation Service Company By:		Acct, Vice President			
e obligations of my pos	By: Meles	ered agent's signature	Asst. Vice President			
e obligations of my pos	By: Meles		)			
e obligations of my posi	By: (Registe	who has/have autho	rity to manage is/are:			
e obligations of my posi	Regista (Regista acity and address of the person(s)	who has/have autho	rity to manage is/are:			
e obligations of my posi	Regista (Regista acity and address of the person(s)	who has/have autho	rity to manage is/are:			
e obligations of my posi	Regista (Regista acity and address of the person(s)	who has/have autho	rity to manage is/are:			
E obligations of my positive or capa ERN ROAD LLC, 8800	By: (Register acity and address of the person(s) BRONX AVENUE, 2ND FLOO of existence, no more than 90 stay of which it is organized. (If the ex-	who has/have autho PR, SKOKIE, IL 600	rity to manage is/are: 077, MANAGER  cated by the official having c	ustody of	records	s in the der oat
The name, title or capa ERN ROAD LLC, 8800  Attached is a certificate risdiction under the law	By: (Register acity and address of the person(s) BRONX AVENUE, 2ND FLOO of existence, no more than 90 stay of which it is organized. (If the delibmitted)	who has/have autho PR, SKOKIE, IL 600	rity to manage is/are: 077, MANAGER  cated by the official having cated anguage, a translation of	ustody of the certific	records cate und	s in the der oat
ERN ROAD LLC, 8800  Attached is a certificate risdiction under the law of the translator must be su	By: (Register acity and address of the person(s) BRONX AVENUE, 2ND FLOO of existence, no more than 90 stay of which it is organized. (If the delibmitted)	who has/have autho PR, SKOKIE, IL 600  ys old, duly authenti ertificate is in a forei	rity to manage is/are:  077, MANAGER  cated by the official having common general language, a translation of the common series.	the certific	cate un	der oat

JOSEPH I. WOLF, AUTHORIZED PERSON

Typed or printed name of signee

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRIARWOOD MHP LLC" 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 TWENTY-FIRST DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIARWOOD MHP LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2015.

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

5751065 8300

150730245

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 2397768

DATE: 05-21-15

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