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To:

Division of Corporations Fax Number : (850)617-6381

From:

| Account Name   | :  | C T CORPORATION | SYSTEM |
|----------------|----|-----------------|--------|
| Account Number | :  | FCA00000023     |        |
| Phone          | \$ | (850)205-8842   |        |
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Ema:                                  | il Address  | :   |          | A 5  |
|---------------------------------------|-------------|---|----------|--|
| • • • • • • • • • • • • • • • • • • • | Υ <u>΄</u>  | Foreign Limited Lia<br>Sun Rock Crusher C |          | FILE<br>JUN 22 A<br>RETARY OF<br>LANASSEE, I |
| S ₩ 5                                 | ; ; [==     | rtificate of Status                       | 0        | FLOR O                                       |
|                                       |             | rtified Copy                              |          | IC 27  |
| $\bigcirc$ $\bigcirc$                 | Pa          | ge Count                                  | 05       |  |
| RECE<br><b>JUN 22</b><br>             | Es          | timated Charge                            | \$155.00 |  |
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# 6/22/2015 4:51:02 PM From: To: 8506176381( 2/5 )

## COVER LETTER

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T(): Registration Section Division of Corporations

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SUBJECT: Sun Rock Crusher Canyon RV LLC

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.

Please return all correspondence concerning this matter to the following:

| Susan R. McMas                               | ter                         |                                      |               |   |                |        |
|--|-----------------------------|--------------------------------------|---------------|---|----------------|--------|
|  | Na                          | me of Person                         |               |   | -              |        |
| Jaffe Raitt Heuer                            | & Weiss PC                  | _                                    |               |   | _              |        |
|  | l'ir                        | m/Company                            |               |   | _              |        |
| 27777 Franklin R                             | cond, Suite 2500            |                                      |               |   | _              |        |
|  |                             | Addross                              |               |   | 100 IS         |        |
| Southfield, MI                               | 48034                       |                                      |               |   | LAN UN         | -71    |
|  | City/St                     | ste and Zip Code                     |               |   |                | T-     |
| smcmaster@jaffe                              | aw.com                      |                                      |               |   | NHC N          | m      |
|  | E-mail address: (to be used | for future annual rep                | ort notificat | llon)                                       |                | $\Box$ |
| For further information concerning           | this matter, please call:   |                                      |               |   | STATE<br>STATE | Ş      |
| Susan R. McMaster                            |                             | at (248                              | 727-148       | S   |                | L      |
| Name of                                      | Contact Person              | Area Code                            | Dayı          | ime Telephone Number                        | -              |        |
| MAILING ADDRESS:<br>Division of Corporations |                             | T ADDRESS:<br>of Corporations        |               |   |                |        |
| Registration Section                         |                             | tion Section                         |               |   |                |        |
| P.O. Box 6327                                | Clifton I                   |                                      |               |   |                |        |
| Tallahassee, FL 32314                        |                             | ecutive Center Circ<br>see, FL 32301 | :le           |   |                |        |
| Enclosed is a check for the fo               | llowing amount:             |                                      |               |   |                |        |
|  | Certificate of Status       | Certified Copy                       |               | St60.00 Filing Fee,<br>of Status & Certific |                |        |

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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION 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:

| (if name univariable, enter alternate name adopted for the purpor<br>Liability Company." "L.L.C," or "LLC.")   | ose of transacting business in Florida. The alternate name must include " | Limited |
|--|---|---------|
| 2. Michigan  | 3. N/A  |         |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)   |         |
| 4. Upon Filing (Date first transacted busin  | iness in Florida, 11 prior to registration.)                              |         |
| (See sections 603.0904 & 603   | 5.0905, F.S. to determine penalty liability)                              |         |
| 5. 27777 Franklin Road, Suite 200, Southfield, MJ 4803   | 34  |         |
| (Street A  | Address of Principal Office)  |         |
| 6. 27777 Franklin Road, Suite 200, Southfield, MI 48034  | 4   |         |
|  | (Malling Address)<br>e person(s) who has/have authority to manage is/ares | 15      |
| Con Communities Onemains Contrast Democratic Pole M.   | fember and Manager, Gary Shiffman, Karen Dearing,                         |         |
| Sun Communities Operating Limited Parmersnip, SOR Mi   |   |         |
| John B. McLaren and Jonathan M. Colman, 27777 Frankli  | المدر الملك .<br>مريخ 122   | 122     |
|  | المدر الملك .<br>مريخ 122   |         |
| John B. McLaren and Jonathan M. Colman, 27777 Frankli<br>B. Attached is an original certificate of existence,<br>having custody of records in the jurisdiction under | المدر الملك .<br>مريخ 122   |         |

Susan R. McMaster, Authorized Representative

Typed or printed name of signee

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## 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.

1. The name of the Limited Liability Company is:

Sun TRS Rock Crusher Canyon LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

| NRAI Services, Inc.      |                                      |                       |
|--------------------------|--------------------------------------|-----------------------|
|                          | (Name)                               | - 路20 12 E            |
| 1200 South Pine Island R | çad                                  |                       |
| Florida Str              | et Address (P.O. Box NOT ACCEPTABLE) | ): 28<br>MTE<br>ORNDA |
| Plantation               | FL 33324                             | n de la               |

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

I Services Anc. Lakrisha Davis, Asst. Secretary (Signature)

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

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Department of Licensing and Regulatory Affairs

Lansing, Mitchigan

This is to Certify That

#### SUN ROCK CRUSHER CANYON RV LLC

was validly organized on June 19, 2015 as a Limited Liability Company. Said Limited

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to ettest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission E6719C In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of June, 2015 **U**1

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Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau