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SLH Windermere Manage	er, LLC			
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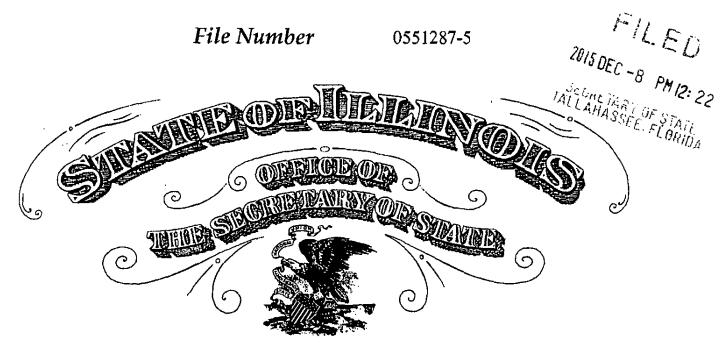
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]	Firm/Company		
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	Chicago, IL 6	0601			
		City/	State and Zip Code	;	
	maria.principe@	dlapiper.com			
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Maria Principe		312 at (368-3	404	
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Di Re P.	AILING ADDRESS ivision of Corporation egistration Section O. Box 6327 allahassee, FL 32314			Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
	a check for the follow \$125.00 Filing Fee	ving amount: \$\square\$ \$\square\$ 130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: SLH Windermere Manager, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L,C," or "LLC.") 2. Illinois 81-0761079 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized). MISDEC-8 PHID: 21 upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 303 E. Wacker Drive, Suite 2400 Chicago, IL 60601 (Street Address of Principal Office) 303 E. Wacker Drive, Suite 2400 Chicago, IL 60601 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . Florida (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Stephen J. Levy, Manager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601 Jerrold H. Frumm, Mauager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601 Jan Deluca, Managor, 303 F. Wacker Drive, Suite 2400, Chicago, IL 60601 William B. Kaplan, Manager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

Stephen J. Levy



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SLH WINDERMERE MANAGER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 03, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of DECEMBER A.D. 2015.

Authentication #: 1534202154 verifiable until 12/08/2016
Authenticate at: http://www.cyberdrivelllinols.com

SECRETARY OF STATE