(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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W16-21094 Need Conversion

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K.SALY EXAMINER 8 8 AAM

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	•	12000000195

REFERENCE : 070880 7175508

AUTHORIZATION : Symbol Blend

COST LIMIT : '\$ 130.00

ORDER DATE: March 21, 2016

ORDER TIME : 12:44 PM

ORDER NO. : 070880-010

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: HV MHC, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



March 22, 2016

CSC / COURTNEY WILLIAMS

SUBJECT: HV MHC, LLC Ref. Number: W16000021094 Please give original submission date as file date.

We have received your document for HV MHC, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unable to file conversion for lack of 2016 annual report. Therefore, name is not available.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00005770

COVER LETTER

	registration Section Division of Corporation	ons					
SUBJECT	HV MHC, LLC						
DODGEC!		Name of Limited Liability Company					
		oreign Limited Liability Comp ed to register the above refer					
Please rett	ırn all correspondence	concerning this matter to the	following:				
	BECKY JO M	IORGAN, PARALEGAL					
		N	ame of Person				
	LEVENFELD	PEARLSTEIN, LLC					
		F	irm/Company				
	2 N. LASALL	E STREET, SUITE 1300					
			Address				
	CHICAGO, II	. 60602					
		City/S	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·		
	gshabat@lakesh	oremhc.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further	information concerning	ng this matter, please call:					
В	ecky Jo Morgan, Para	legal	312 at (476-75			
	Name	of Contact Person	Area Code	Day	time Telephone Number		
D R P.	IAILING ADDRESS ivision of Corporation egistration Section O. Box 6327 allahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	s a check for the follow \$125.00 Filing Fee	ving amount: \$\Bigsirem\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

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: , HV MHC, LLC

	alternate name adopted for the purpose of transacting busing	ness in Florida. The alternate name	must include "Limited
Liability Company," "L.L.C			
2. DELAWARE	3. 41-222035	(FEI number, if applicable)	
company is organized)	v of which foreign limited liability	(FEI number, if applicable)	
4. UPON REGISTRAT			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.) ine penalty liability)	3
5. 8800 N. BRONX AV	ENUE, 2ND FLOOR		2016 #48.
SKOKIE, IL 60077			
	(Street Address of Principal Office)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. 8800 N. BRONX AVI	ENUE, 2ND FLOOR		京 景
SKOKIE, IL 60077			75 7
	(Mailing Address)		
7. Name and street addre	ss of Florida registered agent: (P.O. Box NOT acce	ptable)	
Name:	Corporation Service Company	• ·	
Office Address:	1201 Hays Street		
	Tallahassee	, Florida <u>32301</u>	
Registered agent's accep	(City)	(Zip code)	
this application, I hereby with the provisions of all	egistered agent and to accept service of process for accept the appointment as registered agent and ag statutes relative to the proper and complete performation as registered agent. Corporation Service Company By:	ree to act in this capacity. I fundament of my duties, and I am f Courtney W	rther agree to comply amiliar with and accept illiams
	(Registered agent's signature	a) ASSI. VIGOTI	00140111
•	acity and address of the person(s) who has/have auth 800 BRONX AVENUE, 2ND FLOOR, SKOKIE, II		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a for ubmitted) Signature of an authorized personal contents of the certificate is in a formula of the certificate is in	rign language, a translation of the	stody of records in the ne certificate under oath

the facts stated herein are true. 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.) JOSEPH I. WOLF, AUTHORIZED PERSON

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HV MHC, 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 EIGHTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HV MHC, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5979805 8300

SR# 20161554603

Authentication: 201951703

Date: 03-08-16

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