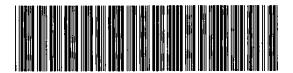
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
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DEPARTMENT OF STA

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

ACCOUNT NO. :	12000000195
REFERENCE :	294683 7175508
AUTHORIZATION :	Spelledenan
COST LIMIT :	\$ 125.00
ORDER DATE : September 16, 2016	
ORDER TIME : 11:39 AM	PALL 2016
ORDER NO. : 294683-020	LAHAN SEP
CUSTOMER NO: 7175508	SS 20 177
FOREIGN FILIN	
NAME: VG MHC, LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PRO	OOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDI	ING
CONTACT PERSON: Courtney Williams	EXT 62935
E	EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	VG MHC, LLC					
Name of Limited Liability Company						
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," ce, and check are submitted to register the above referenced foreign limited liability company to transact busin					
Please	return all correspondence concerning this matter to the following:					
	LINDSAY SAFFRIN, PARALEGAL					
Name of Person						
	LEVENFELD PEARLSTEIN, LLC					
Firm/Company						
	2 N. LASALLE ST., STE. 1300					
	Address					
	CHICAGO, IL 60602	2018				
	City/State and Zip Code GSHABAT@LAKESHOREMHC.COM	433	MACHETAN REMARKS			
	E-mail address: (to be used for future annual report notification)	20				
For fur	her information concerning this matter, please call:	公里日				
	Lindsay Saffrin, Paralegal 312 476-7577 at ()	=				
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclose	d is a check for the following amount: \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S160.00 Filing Fee}} \& \Boxed{\text{Certified Copy}} \] 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:

, VG MHC, LLC			
(Name of Fore	ign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.	.C.," or "LLC.")
Of name unavailable, enter a	ternate name adopted for the purpose of tra	ansacting business in Florida. The altern	nate name must include "Limited
Liability Company," "L.L.C.	' or "LLC.")	•	
2. DELAWARE		47-0948727	
company is organized)	of which foreign limited liability	(FEI number, if app	licable)
4. UPON QUALIFICAT		1	<u></u>
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	F.S. to determine penalty liability)	
5. 8800 N. Bronx Avenue	e, 2nd Floor		
Skokie, IL 60077			73 20 20 3 3 3 3 3 3 3 3 3 3
8800 N. Bronx Avenue	(Street Address of Principal	al Office)	
6. Block Avenue	, zhu riot		AH SEP
Skokie, IL 60077			20
	(Mailing Addres	s)	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		₹ σ
	Tallahassee	, Florida 32301	
	(City)	(Zip co	de)
designated in this applicate to complywith the provision	gistered agent and to accept service of the service of the service of the service of the service of all statutes relative to the proper on position as registered agent. Corporation Service Company By:	as registered agent and agree to ac	et in this capacity. I further agree duties, and I am familiar with and Couriney Williams
		(ent's signature)	Asst. Vice President
•	city and address of the person(s) who h N. Bronx Avenue, 2nd Floor, Skokie, I	• -	
O. Attached is a contificate	of existence, no more than 90 days old	duly suthenticated by the official b	anying quatedy of records in the
	of which it is organized. (If the certifica		
	Signature of an a	fulhorized person	
	in accordance with section 605.0203 (I the Department of State constitutes a the		
	Joseph I. Wolf, Authorized Person		
	Typed or printed	name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VG 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VG MHC, LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2016.

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

6153719 8300

Authentication: 203021982

Date: 09-20-16