M16000009305

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100292133691

FILED FILED SECREPTION STATES

D. SCOTT NOV 2.1 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 374000 7175508

AUTHORIZATION: Spelle Rena

COST LIMIT : \$ 125.00

ORDER DATE: November 17, 2016

ORDER TIME : 9:59 AM

ORDER NO. : 374000-020

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: GV MHC, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

SECRE JARY OF STATE
AND AND STATE
SECRE JARY OF STATE
AND AND STATE
SECRE JARY OF STATE
AND AND STATE
SECRE JARY OF STATE

COVER LETTER

TO:		ration Section n of Corporation	u							
SURT		V MHC, LLC								
SUBJECT: Name of Limited Liability Company										
The er Existe	nclosed "A nce, and c	application by For heck are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liability	insact Business in Fly company to transac	orida," Co t busines:	ertificat s in Flo	e of rida	
Picase	return all	correspondence o	concerning this matter to the	following:						
		LINDSAY SAI	FFRIN, PARALEGAL							
			, N	ame of Person						
	LEVENFELD PEARLSTEIN, LLC									
	Firm/Company									
2 N. LASALLE ST., STE. 1300										
	Address									
	CHICAGO, IL 60602									
City/State and Zip Code										
GSHABAT@LAKESHOREMHC.COM										
			E-mail address: (to be use	d for future annua	report not	ification)	三器	3	77	
For fu	rther infor	mation concernin	g this matter, please call:				TESSE TESSE	V 18	FILED	
Lindsay Saffrin, Paralegal			312 at (476-75	77		=	0		
		Name o	f Contact Person	Area Code	Day	time Telephone Nur	nbe	بي إ		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301	S.F.	17			
Enclos		eck for the follow 5.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ \$155.00 Filit Certified Copy	-	☐ \$160.00 Filing of Status & Certifi		ficate		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L GV MHC, LLC			
(Name of For	eign Limited Liability C	company; must include "Limited Liability Compan	y," "L.L.C.," or "LLC.")
(If name unavaitable, enter a	ternate name adopted for	or the purpose of transacting business in Florida. T	he alternate name must include "Limited
Liability Company," "L.L.C,	" or "LLC.")	-	
2. DELAWARE		3. 26-4039273	
(Jurisdiction under the law company is organized)	of which foreign limited	d liability (FEI numb	er, if applicable)
4. UPON QUALIFICAT			
	(See sections 605	sacted business in Florida, if prior to registration.) 0904 & 605.0905, F.S. to determine penalty liabi	ity)
5. 8800 N. Bronx Avenu	e, 2nd Floor		
Skokie, IL 60077			
	(Street	Address of Principal Office)	260
6			辛売 夏 ヵ
			53 - F
		(Mailing Address)	—— 第6 8 日
7. Name and street addres	s of Florida registered	d agent: (P.O. Box NOT acceptable)	記念を
	Corporation Service		9. 12.1
Name:	1201 Hays Street		DA 7
Office Address:	Tallahussee	3	2301
		(City), Florida	(Zip code)
designated in this applica	gistered agent and to tion, I hereby accept ons of all statutes reli	accept service of process for the above state the appointment as registered agent and agrative to the proper and complete performance agent. Be Company M. Lander	ee to act in this capacity. I further agree
	Бу.	(Registered agent's signature)	Asst. Vice President
•	*	te person(s) who has/have authority to managed Floor, Skokie, IL 60077, Manager	e is/are:
jurisdiction under the law of the translator must be su This document is executed	of which it is organized braitted) in accordance with se		a translation of the certificate under oath
		Typed or printed name of signee	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GV 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GV MHC, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2016.

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

16 NOV 18 AN 9:17
SECRETARY OF STATE
TALLARY CREET FOR DRIVE

Authentication: 203360778

Date: 11-18-16

6219669 8300 SR# 20166695996