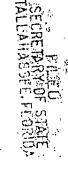
(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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JAN 11 2017 S. YOUNG 17 JAN 10 AM 8: 02



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 453788 7175508

AUTHORIZATION : Conellis Cone

COST LIMIT : \$\frac{1}{1}25^2.00

ORDER DATE: January 9, 2017

ORDER TIME : 9:52 AM

ORDER NO. : 453788-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: GREEN ACRES PEMBROKE 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:

COVER LETTER

то:	Registration Section Division of Corporatio	ns					
SUBJE	GREEN ACRES P	EMBROKE MHC, LLC					
		Name of	Limited Liability (Company		•	
		reign Limited Liability Comped to register the above reference.					
Please	return all correspondence	concerning this matter to the	following:				
	LINDSAY SA	FFRIN					
Name of Person						-	
LEVENFELD PEARLSTEIN, LLC							
Firm/Company						•	
2 N. LASALLE ST., STE. 1300							
Address							Ed. a
CHICAGO, IL 60602					17 JAN 10	SECRE ALLIA	
	City/State and Zip Code						
	LPAGENTS@L	PLEGAL.COM					
		E-mail address: (to be use	d for future annual	report not	ification)	H	
For furt	her information concerni	ng this matter, please call:				8: 02	
LINDSAY SAFFRIN		312 at (346-83	80			
	Name	of Contact Person	Area Code	Day	time Telephone Number	-	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ıg Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co		:

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:

1. GREEN ACRES PEM (Name of For	-	ompany; must incl	ude "Limited Lial	oility Company," "L.L.C.,"	or "LLC.")	
·	,	• •			ŕ	
(If name unavailable, enter a Liability Company," "L.L.C,			_	s in Florida. The alternate	name must include "Limit	ted
2. DELAWARE		3.	81-4775870			
(Jurisdiction under the law company is organized)	-	d liability		(FEI number, if applical	ole)	
4. UPON QUALIFICAT						
	(Date first trans (See sections 605	sacted business in F .0904 & 605.0905.	lorida, if prior to F.S. to determine	registration.) penalty liability)		
5. 8800 NORTH BRON						
SKOKIE, ILLINOIS 6						
	(Street	Address of Princip	al Office)			
6						170
					7	ے بیا افغانہ
	· · · · · · · · · · · · · · · · · · ·	(Mailing Addres	<u></u>			7
7. Name and street addres	s of Florida registere	i agent: (P.O. Bo	x NOT accents	ible)	= -	(2) 5 (1) 7 (1) 7
Name:	Corporation Service	-		,		तें हैं। इस्टर्
Office Address:	1201 Hays Street			•	ö.	
	Tallahassee	_		, Florida ³²³⁰¹	20	
Registered agent's accep	,	(City)		(Zip code)		-,
Having been named as redesignated in this applicate to complywith the provision complywith the provision of the cobligations o	tion, I hereby accept to ons of all statutes rela	the appointment utive to the prope sed agent.	as registered ag	rent and agree to act in performance of my duti	this capacity. I further	r agree
		(Registered ag	con a signature)	Asst	Vice President	
8. The name, title or capa HOLIDAY MANAGER,		e person(s) who h	nas/have authori	ty to manage is/are:		
8800 NORTH BRONX A	VENUE, 2ND FLOO	R				
SKOKIE, ILLINOIS 6007	7					
O. Attached is a certificate urisdiction under the law of the translator must be su	of which it is organize bmitted)	d. (If the certification of the Signature of in the	te is in a foreign	n language, a translation	of the certificate under	the oath
This document is executed ubmitted in a document to	in accordance with se the Department of Sta JOSEPH I. WOLF, A	ate constitutes a ti	nird degree felor	tatutes. I am aware that a ny as provided for in s.81	ny false information 17.155, F.S.	

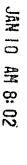
Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREEN ACRES PEMBROKE 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 NINTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREEN ACRES PEMBROKE MHC, LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Authentication: 201841633

Date: 01-09-17

6256927 8300 SR# 20170130426