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(Reques	tor's Name)			
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PICK-UP	WAIT	MAIL		
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Special Instructions to Filing Officer:				

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N. HARRES

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 47,07,05 7175508

AUTHORIZATION : STREET

COST LIMIT : \$ 125.00

ORDER DATE: January 18, 2017

ORDER TIME : 1:06 PM

ORDER NO. : 470705-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: COLONIAL ACRES MHC, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	COLONIAL ACRES MHC, LLC				
Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:					
	LINDSAY SAFFRIN				
	Name of Person				
	LEVENFELD PEARLSTEIN, LLC				
Firm/Company					
	2 N. LASALLE ST., STE. 1300				
Address					
	CHICAGO, ILLINOIS 60602				
City/State and Zip Code					
LPAGENTS@LPLEGAL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	LINDSAY SAFFRIN	312 346-8380 at ()			
	Name of Contact Person	Area Code Daytime 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			
Enclosed is a check for the following amount:					
	□ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate of Status	& \$\sumsymbol{\Pi}\$\$ \$\sumsymbol{\Pi}\$\$ \$\sumsymbol{\Pi}\$\$ \$\sumsymbol{\Pi}\$\$ \$155.00 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COLONIAL ACRES N	MHC, LLC eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	TC")
(Paule of Por	eign Entities Elability Company, must menade Entitled Elability Company, E.D.C., of E	LC.)
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting business in Florida. The alternate name," or "LLC.")	must include "Limited
2. DELAWARE	3 []	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	
4. UPON QUALIFICAT		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 8800 N. BRONX AVE		
SKOKIE, ILLINOIS, 6		
OGOANI DDANN AND	(Street Address of Principal Office)	
6. <u>8800 N. BRONX AVE</u>	L, 2ND FLOOR	17
SKOKIE, ILLINOIS, 6	60077	<u> </u>
<u> </u>	(Mailing Address)	jane 1" v je - gjene ja Ganere
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	9
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	8: 20
	Taliahassee , Florida 32301	_
	(City) (Zip code)	
Registered agent's accept Having been named as est	tance: gistered agent and to accept service of process for the above stated limited liability	company at the place
designated in this applicat	tion, I hereby accept the appointment as registered agent and agree to act in this c	apacity. I further agree
to complywith the provisions of	ons of all statutes relative to the proper and complete performance of my duties, a	nd I am familiar with and
iccepi ine obligations of h	my position as registered agent. Corporation Service Company	sa Zender
	By: Acet Vi	ce President
	(Registered agent's signature)	of resident
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:	
PALM COVE MANAGE	R, LLC, Manager	
8800 N. BRONX AVE., 2	END FLOOR	
SKOKIE, ILLINOIS, 600	77	
 Attached is a certificate urisdiction under the law of the translator must be su 	of existence, no more than 90 days old, duly authenticated by the official having cus of which it is organized. (If the certificate is in a foreign language, a translation of the ibmitted)	tody of records in the e certificate under oath
	Signature of an authority	
This document is executed	Signature of an authorized person in accordance with section 605.0203 (1) (8), Florida Statutes. I am aware that any fai	se information
ubmitted in a document to	the Department of State constitutes a third degree felony as provided for in s.817.15. JOSEPH I. WOLF, AUTHORIZED PERSON	5, F.S.
	TOBELLI I. WOLF, MUTHORIZED FERSUN	

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 "COLONIAL ACRES 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 JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLONIAL ACRES"
MHC, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 201889608

Date: 01-18-17

6279668 8300 SR# 20170299228