# M17000003021

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

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### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	4-7-17 ACCT. 120160000072	wil DV
Name:	H MLDWOOD, LLO	
Document #:		
Order #:	10446113	
Certified Copy of Arts & Amend:		
Plain Copy:		
Certificate of Good Standing:		
Apostille/Notarial	Country of Destination:	
Certification:	Number of Certs:	
Filing:	Certified: Plain: COGS:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 160.00	

Thank you!

#### COVER LETTER

TO:	Registration Division of C		3				
SUBJE		dwood LLC					
			Name of I	Limited Liability (	Company		
						ransact Business in Florida," ( ty company to transact busine	
Please re	eturn all corre	spondence co	oncerning this matter to the	following:			
	Sus	an R. McMa	ster				
			Ne	me of Person	<u> </u>		
	Jafi	e Raitt Heuc	r & Weiss PC				
			Fi	rm/Company			
	277	77 Franklin	Road Suite 2500				
	<del></del>			Address			
	Sou	ithfield, MI	48034				
			City/St	ate and Zip Code	-		
	smcr	naster@jaffe					
	<del></del>		E-mail address: (to be used	for future annual	report no	otification)	
For furt	her informatio	n concerning	this matter, please call:				
	Susan McMa	aster		248 at (	727-1	485	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of	Contact Person	Area Code	Da	ytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations stion Section Building secutive Center Circle ssee, FL 32301			
Enclose	d is a check fo □ \$125.00 F		ng amount; □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fec &	\$160.00 Filing Fee, Ce of Status & Certified Cop	rtificate y

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATICITES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA.

I. AH Wildwood LLC (Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC	5.")
(If name unavailable, enter al- Liability Company," "L.L.C,"		cting business in Florida. The alternate name mu	ıst include "Limited
2. Delaware	3, N	/A	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Filing			
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) . to determine penalty liability)	
5. One Towne Square, Su	ite 1600		
Southfield, MI 48076			
	(Street Address of Principal C	Office)	
6. One Towne Square, Sui	te 1600		7 A
Southfield, MI 48076			APR -
	(Mailing Address)		し 領事
7. Name and street addres	s of Florida registered agent: (P.O. Box ]	NOT acceptable)	
Name:	National Registered Agents, Inc.	.,	<b>ea</b>
Office Address:	1200 South Pine Island Road		<b>5</b>
	Plantation	, Florida <u>33324</u>	, n
	(City)	(Zip code)	
designated in this application complywith the provision accept the obligations of the contractions of the	gistered agent and to accept service of prition, I hereby accept the appointment as a post of all statutes relative to the proper and position as registered agent.	ocess for the above stated limited liability of registered agent and agree to act in this cand complete performance of my duties, and es M. Halpin - Asst. Secretary 's signature)	pacity. I further agree
8. The name, title or capa HSRE-AHR Wildwood L	city and address of the person(s) who has/ LC, Member	have authority to manage is/are:	
One Towne Square, Suite	1600		
Southfield, MI 48076			
	of which it is organized. (If the cortificate	aly authenticated by the official having custo is in a foreign language, a translation of the	
	Signature of an auth	orized person	
		b), Florida Statutes. I am aware that any fals d degree felony as provided for in s.817.155	
	Susan R. McMaster, Authorized Agent		

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AH WILDWOOD 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 SIXTH DAY OF APRIL, A.D. 2017.

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

Authentication: 202335388

Date: 04-06-17