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



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

| Date: | 10-10-17 ACCT. 120160000072 |
|--|---|
| Name: | AH BILLEWATER BAY LLO |
| Document #: | |
| Order #: | 10670210 |
| Certified Copy of Arts & Amend: | |
| Plain Copy: Certificate of Good Standing: | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: |
| Filing: | Certified: Plain: COGS: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 155.00 |
| | Thank you! |

COVER LETTER

| то: | Registration Section Division of Corporations | | | | • |
|-----------|--|---|----------------------------------|---|--|
| SUBJEC | AH Bluewater Bay LLC | | | | |
| SUBJEC | ··· | Name of | Limited Liability (| Company | |
| | | | | | nsact Business in Florida," Certificate o company to transact business in Florida |
| Please re | turn all correspondence concernin | g this matter to the | following: | | |
| | Susan R. McMaster | | | | |
| | · | , N | lame of Person | | |
| | Jaffe Raitt Heuer & We | iss PC | | | |
| | | F | irm/Company | | |
| | 27777 Franklin Road St | | | | |
| | - | | Address | ess | |
| | Southfield, MI 48034 | | | | |
| | | City/S | State and Zip Code | | |
| | smcmaster@jaffelaw.com | 1 | | | |
| | E-mail | address; (to be use | d for future annual | report noti | fication) |
| For furth | er information concerning this ma | tter, please call: | | | |
| | Susan McMaster | | 248 at (| 727-148 | 35 |
| | Name of Contac | t Person | Area Code | Dayı | time Telephone Number |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division of Registration But Clifton But 2661 Exec | ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301 |
| Enclosed | | int: 0.00 Filing Fee & cate of Status | \$155.00 Filin Certified Copy | ıg Fee & | ■ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPILANCE 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:

| (If name unavailable, enter alt Liability Company,""L.L.C," | ernate name adopted for the purpose of | of transacting busines. | s in Florida. The alternate name mi | ust include "Limited |
|---|--|---|---------------------------------------|--|
| Delaware | W. I.BC. J | 3. <u>N/A</u> | | |
| (Jurisdiction under the law of company is organized) | of which foreign limited liability | J | (FEI number, if applicable) | |
| 4. Upon Filing | | | | |
| | (Date first transacted business (See sections 605,0904 & 605,09 | i in Florida, if prior to 905, F.S. to determine | registration.) penalty liability) | |
| 5. One Towne Square, Su | ite 1600 | | | |
| Southfield, MI 48076 | | | | |
| | (Street Address of Pri | incipal Office) | | 및 그 |
| 6. One Towne Square, Sui | te 1600 | | | 510 |
| Southfield, MI 48076 | | | | 17 OCT 10 |
| · | (Mailing Ac | idress) | | |
| 7. Name and street_address | s of Florida registered agent: (P.O |). Box NOT accept | able) | 17 OCT 10 AH 9: 18 |
| Name: | National Registered Agents, Inc. | | | ب س |
| | 1200 South Pine Island Road | ······································ | _ | 12 8 2 |
| Office Address: | | | - | • |
| | Plantation | | _ , Florida | |
| Registered agent's accept | (City) | | (Zip code) | |
| designated in this applicate complywith the provision accept the obligations of n | gistered agent and to accept service ion, I hereby accept the appointments of all statutes relative to the property position as registered agent. By: M | nent as registered a roper and complete James Assistal | gent and agree to act in this ca | pacity. I further ag |
| | (Register | ed agent's signature) | | |
| 8. The name, title or capa | city and address of the person(s) w | vho has/have author | ity to manage is/are: | |
| HSRE-AHR Bluewater Ba | ay LLC, One Towne Square, Suite | 1600, Southfield, N | MI 48076, MBR | |
| Paul Stodulski, One Town | e Square, Suite 1600, Southfield, | MI 48076, Auth. R | ep. | |
| | | | | ···· |
| '. Attached is a certificate urisdiction under the law of the translator must be su | | tificate is in a foreig | gn language, a translation of the | ody of records in the certificate under oa |
| | Signature o | f an authorized persor | ר | |
| | in accordance with section 605,02 the Department of State constitute | | | |
| connect in a decament to | are requirement of ounce constitute | on a time ar Bice icit | any and provinces for its 3,0 (7.10). | ·, · · · · · · |
| | Susan R. McMaster, Authorized . | Agent | | |

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AH BLUEWATER BAY 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 FIFTH DAY OF OCTOBER, A.D. 2017.

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

6569556 8300

SR# 20176498968

Authentication: 203351270

Date: 10-05-17