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Foreign Limited Liability Company SLDC Hobe Sound, LLC

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COVER LETTER

	stration Section aon of Corporation	ıs			
SUBJECT:	SLDC Hobe Sound	, LLC			
		Name of	Limited Liability C	Company	
The enclosed ' Existence, and	"Application by For I check are submitte	reign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	ensuct Business in Florida." Certificate of company to transact business in Florida
Please return :	ill correspondence o	concerning this matter to the	following:		
	Maria Principe				
		N	ame of Person		
	DLA Piper LL	Р			
		F	irm/Company		
	444 West Lake	Street, Suite 900			
		VI 1144 1144 1144 1144 1144 1144 1144	Address		
	Chicago, IL 60	606			
		City/9	State and Zip Code	***	
	maria.principe@	dlapiper.com			
		E-mail address: (to be use	d for finure annual	report not	ification)
For further inf	formation concerning	g this matter, please call:			
Mana Principe		312	368-34	04	
**************************************	Name	of Contact Person	at (Area Code	Day	time Telephone Number
Divis Regi: P.O.	LING ADDRESS: ston of Corporation stration Section Box 6327 thassee, FL 32314			Division Registrat Clitton B 2661 Exc	TADDRESS: of Corporations ion Section wilding secutive Center Circle see, FL 32301
	check for the follow 25,00 Filing Fee	ring amount: □ \$130,00 Filing Fee & Certificate of Status	C \$155,00 Filir Certified Copy		₩\$160.00 Filing Fee. Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SPITTON 605 0002, FLORDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FORESON. UNITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-1. SLDC Hobe Sound, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If none unavailable, oner alternate name adopted for the purpose of managing business in Florida. The shoroute name must include "Lumbod Lackday Company," "L. C. or "LLC" 82-3167456 (Junisal cition under the law of which foreign limited hability company is organized) (FEI number, if applicable) Upon registration. (Date that transacted business in Fl wida, if prior to registration.) (See sections 635,0903 & 608,0-03, F.S. to determine penalty liability.) 6. 303 East Wacker Drive, Suite 2400 303 East Wacker Drive, Suite 2400 (Street Address of Principal Office) (Mailing Address) Chicago, IL 60601 Chicago, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box' NOT acceptable) C T Corporation System Naune: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Kristin Bolden C T Corporation System zaassistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Cappeity: Jenold H. Franm Stephen J. Levy Manager Manager 303 East Wacker Drive, Suite 2400 353 East Wacker Drive, Soitz 2400 Chicago, IL 60601 Chicago, IL 60601 Jon DeLuca Manager William B. Kaplan Manager 303 Fast Wacker Drive, Suite 2400 303 Enst Wacker Drive, Sone 2400 Chicago, IL 60601 Chicago, 11, 60601 (Use attachments if necessary) SEE ATTACHMENT FOR ADDITIONAL MANAGERS. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 19. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S. Stephen J. Levy Lyped or printed name of signee

SLDC HOBE SOUND, LLC

8. ADDITIONAL MANAGERS:

Matthew Phillips 303 E. Wacker Drive, Suite 2400 Chicago, IL 60601

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File Number

0654176-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SLDC HOBE SOUND, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 12, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of OCTOBER A.D. 2017.

Authentication #: 1729301684 verifiable until 10/20/2018 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE