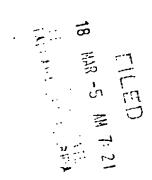
## M18000002205

(Requestor's Name)
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, ,
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PICK-UP WAIT MAIL
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2016 MAR -5 FM 1: 53

J. LEGGETT MAR 0 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 095111 \_ 7175508

AUTHORIZATION : The land

COST LIMIT : \$ 125.00

ORDER DATE: March 5, 2018

ORDER TIME : 11:24 AM

ORDER NO. : 095111-005

CUSTOMER NO: 7175508

\_\_\_\_\_

## FOREIGN FILINGS

NAME: SILVER LAKE 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: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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:

	reign Limited Liability Company: must	include "Limited Liability Company," "L.L.C.," or	ILC.")
(If name unavailable, enter a	alternate name adopted for the purpose	of transacting business in Florida. The alternate nam	e must include "Limited
DELAWARE	, or 111)	_	
	v of which foreign limited liability	(FEI number, if applicable)	
4. UPON QUALIFICAT			
	(Date first transacted business (See sections 605.0904 & 605.0	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	
5. 8800 N. BRONX AV	E., 2ND FLOOR		<b>6</b>
SKOKIE, IL 60077			芸 芸 五
	(Street Address of Pri	ncipal Office)	بن ا
6. 8800 N. BRONX AVE	E., 2ND FLOOR		
SKOKIE, IL 60077			
	(Mailing Ad	dress)	<u> </u>
7. Name and street addres	ss of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301(Zip code)	
	(City)	(Zip code)	
designated in this applica- to complywith the provision	rgistered agent and to accept service tion, I hereby accept the appointments of all statutes relative to the promy position as registered agent.  Corporation Service Company  By:	e of process for the above stated limited liabilitient as registered agent and agree to act in this oper and complete performance of my duties, to agent's signature)	capacity. I further agree
	(Registere		
8. The name, title or capa	· -	no has/have authority to manage is/are:	
8. The name, title or capa PALM COVE MANAGE	ncity and address of the person(s) w	no has/have authority to manage is/are;	
	ncity and address of the person(s) when R, LLC, Manager	no has/have authority to manage is/are;	<u> </u>
PALM COVE MANAGE	ncity and address of the person(s) when R, LLC, Manager	no has/have authority to manage is/are;	
PALM COVE MANAGE 8800 N. BRONX AVE., 2 SKOKIE, IL 60077  9. Attached is a certificate	ocity and address of the person(s) will R, LLC, Manager 2ND FLOOR of existence, no more than 90 days of which it is organized. (If the certification)	no has/have authority to manage is/are; old, duly authenticated by the official having cu nicate is in a foreign language, a translation of the	stody of records in the ne certificate under oath

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 "SILVER LAKE 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 FIFTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVER LAKE MHC, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2018.

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

Authentication: 202253262

Date: 03-05-18

6777572 8300 SR# 20181695654