1418000003551

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
w18 -	-24	27-3





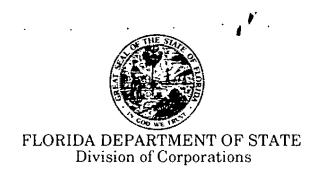
800310313238

04/12/18--01020--002 **638.75

03/12/18--01022--021 **125.00

18 ICR 11 AH 9: 49

Y SULKER 498 1 2 2018



April 2, 2018

TERI DALLAPE 4675 MACARTHUR COURT, STE 500 NEWPORT BEACH, CA 92660 US

SUBJECT: MHPI VII, LLC Ref. Number: W18000024273

We have received your document for MHPI VII, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

There is a balance due of \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 918A00006565

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporation	ns				
SUBJI	MHPI VII, LLC					
SOBJI	.c.:	Name of	Limited Liability (Сотрапу		
					insact Business in Florida," Ce y company to transact business	
Please	return all correspondence of	concerning this matter to the	following:			
	Teri Dallape					
		N	ame of Person			
	Dahn Corporati	ion				
		F	irm/Company			
	4675 MacArthu	nr Court, Suite 500				
	-		Address			
	Newport Beach	, CA 92660				
		City/S	tate and Zip Code	. <u>-</u>		
	tdallape@dahnec	orp.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther information concerning	g this matter, please call:				
	Teri Dallape		949 at (752-12	82	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding centive Center Circle ice, FL 32301	
Enclos	ed is a check for the follow \$\equiv \$125.00 Filing Fee	ing amount: \$\Bigcup \text{S130.00 Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certift of Status & Certified Copy	icate

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

IN COMPLIANCE WITH SECTION (06.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MHPI VII, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.," or "LLC.,"

344	and adapted for the perpose of transacting business in Florida	. The alternate more must include "Limited List	iBry Company," "L.IC," or "LLC.")
	- Francisco	3. 82-1080432	
Delaware	ch forcers immed intentry company is organized)	3. (FE ===	er, if applicable)
(Management and on the second			
6/22/2017		attention)	
	(Date first transacted business in Plenda, if prior to seg (See sections 605,0904 & 605,0905, F.S. to determine	penalty intridity)	
215 N. Bola Drive		6, 4675 MacArthur Court, Su	ite 500
(Street Address of P	raced Other)	(Mailing Add	
Orlando, FL 32801		Newport Beach, CA 92660	·
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name	National Registered Agents, Inc.		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	· .
	(Oby)	(Zip co	*)
	rgistered agent and to accept service of parties, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	mu compare pojormeno sy my	
o comply with the provis and accept the obligation	ions of all statutes relative is the proper to so of my position as registered agent. White Mariane agent	Nichol McCroy, Assistar	nt Secretary 9
o comply with the provisuad accept the obligation 8. The name, title or cap	ions of all statutes relative in the proper t is of my position as registered agent.	Nichol McCroy, Assistar	at Secretary 99
so comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity:	(Registered specific and Address: MHP! VII Manager, LLC	Nichol McCroy, Assistar	nt Secretary 9
o comply with the provis- and accept the obligation 8. The name, title or cap	ions of all statutes relative is the property of my position as registered agent. (Registered sizes) is sacily and address of the person(s) who has	Nichol McCroy, Assistar	nt Secretary 9
so comply with the provise and accept the obligation 8. The name, title or cap Title or Capacity:	(Registered signal address of the person(s) who has Name and Address: MHP! VII Manager, LLC 4675 MacArthur Crt. Ste 500	Nichol McCroy, Assistar	nt Secretary 9
so comply with the provision accept the obligation 8. The name, title or cap Title or Capacity: its manager	(Registered signal is soft and address of the person(s) who has Name and Address: MHP! VII Manager, LLC 4675 MacArthur Crt. Ste 500 Newbort Beach, CA 92660	Nichol McCroy, Assistar	nt Secretary 9
B. The name, title or cap Title or Capacity: its manager (Use attachments if nece	(Registered eject of the person(s) who has Name and Address: MHP! VII Manager, LLC 4675 MacArthur Crt. Ste 500 Newbort Beach. CA 92660	Nichol McCroy, Assistant (Assistant Assistant	Name and Address:
8. The name, title or cap Title or Capacity: its manager (Use attachments if necessity in the content of the law of the translator must be	(Registered size) is a fatty position as registered agent. (Registered size) is active and address of the person(s) who has Name and Address: MHPI VII Manager, LLC 4675 MacArthur Crt. Ste 500 Newbort Beach. CA 92660 sessary) te of existence, no more than 90 days old, wo which it is organized. (If the certificate submitted)	Nichol McCroy, Assistant (Assistant) Shave anthority to manage is/are: Title or Capacity: duly suthemicated by the official is in a foreign language, a transle	Name and Address: Name and Address: having custody of records in the ation of the certificate under on
8. The name, title or cap Title or Capacity: its manager (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be	Registered sizes of the person(s) who has Name and Address: MHP! VII Manager, LLC 4675 MacArthur Crt. Ste 500 Newbort Beach. CA 92660 Second which it is organized. (If the certificate of the person of the per	Nichol McCroy, Assistant (Assistant) Shave anthority to manage is/are: Title or Capacity: duly authemicated by the official to is in a foreign language, a translated in the control of	Name and Address: Name and Address: having custody of records in the ation of the certificate under or are that any false information
8. The name, title or cap Title or Capacity: its manager (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be	Registered size of the person(s) who has Name and Address: MHP! VII Manager, LLC 4675 MacArthur Crt. Ste 500 Newbort Beach. CA 92660 Sessary) te of existence, no more than 90 days old, which it is organized. (If the certificat submitted) existed in accordance with section 605.020. to the Department of State constitutes a the	Nichol McCroy, Assistant (Assistant) Shave anthority to manage is/are: Title or Capacity: duly authemicated by the official to is in a foreign language, a translated in the control of	Name and Address: Name and Address: having custody of records in the ation of the certificate under or are that any false information
8. The name, title or cap Title or Capacity: its manager (Use attachments if nece p. Attached is a certificat jurisdiction under the law of the translator must be	Registered size of the person(s) who has Name and Address: MHP! VII Manager, LLC 4675 MacArthur Crt. Ste 500 Newbort Beach. CA 92660 Sessary) te of existence, no more than 90 days old, which it is organized. (If the certificat submitted) existed in accordance with section 605.020. to the Department of State constitutes a the	Nichol McCroy, Assistant (Autority) Shave anthority to manage is/are: Title or Capacity: duly authenticated by the official or is in a foreign language, a translet of the control of the section of t	Name and Address: Name and Address: having custody of records in the ation of the certificate under or are that any false information



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

DELAWARE, DO HEREBY CERTIFY "MHPI VII, 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 FIRST DAY OF MARCH, A.D. 2018.

69:6 My 11 8:43 81



Authentication: 202235606

Date: 03-01-18