M1800000 4815

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

Office Use Only



800313682618

MINAY IS PH 9: 26

4M 212019 J. HARRIS

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 5/18/2018

	0/10/2010 Pt a./.
	Acc#120160000072
Name:	Sun Compass RV, LLC (MI)
Document #:	
Order #:	10979603
Certified Copy of Arts	
& Amend:	
Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:

Thank you!

COVER LETTER

SUBJECT: Si	un Compass RV, LLC		
	N'am e	of Limited Liability Company	
			o Transact Business in Florida," Certificate of ability company to transact business in Florida
Please return al	correspondence concerning this mat	ter to the following:	
	Susan R. McMaster		
		Name of Person	
	Jaffe Raitt Heuer & Weiss PC		
		Firm/Company	
	27777 Franklin Road, Suite 2500		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Southfield, MI 48034		
		City/State and Zip Code	
	smcmaster@jaffelaw.com		
	E-mail address:	(to be used for future annual report	notification)
For further info	rmation concerning this matter, pleas	e call:	
Susan	R. McMaster	at (²⁴⁸) 73	27-1485
	Name of Contact Person	Area Code	Daytime Telephone Number
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	scheck for the following amounts: 5.00 Filing Fee \$130.00 Filing Certificate of	g Fee & 📕 \$155.00 Filing Fe	e & S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE 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:

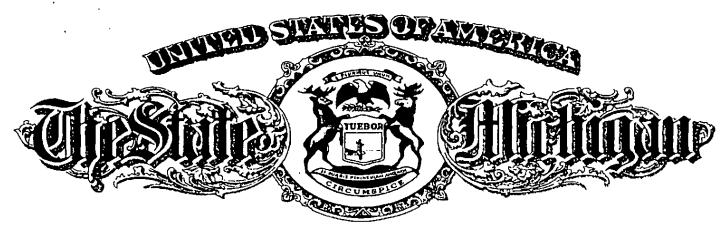
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The	he alternate name must include "Limite	d	
Liability Company," "L.L.C," or "LLC.")			
2 Michigan 3 N/A			
(Jurisdiction under the law of which foreign limited liability (FEI num company is organized)			
4. Upon Filing			
(Date this transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liabil			
5. 27777 Franklin Road, Suite 200, Southfield, MI 48034		eemi, n	
). <u></u>		EI KORT.	
		partie to	
(Street Address of Principal Office)	715. 10	,	
6. 27777 Franklin Road, Suite 200, Southfield, MI 48034		grafiss.	
	10 μ. Ω 21 μ. Ω	•	
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have auth	hority to manage is/are:		
7. The name, title or capacity and address of the person(s) who has/have auth Sun Communities Operating Limited Partnership, Member, 27777 Franklin Road, Suite 2500	hority to manage is/are:		
7. The name, title or capacity and address of the person(s) who has/have auth	hority to manage is/are:		
7. The name, title or capacity and address of the person(s) who has/have auth Sun Communities Operating Limited Partnership, Member, 27777 Franklin Road, Suite 2500	hority to manage is/are: 0, Southfield, MI 48034 48034		
7. The name, title or capacity and address of the person(s) who has/have auth Sun Communities Operating Limited Partnership, Member, 27777 Franklin Road, Suite 2506 John McLaren, Authorized Representative, 27777 Frankin Road, Suite 200, Southfield, MI	hority to manage is/are: 0, Southfield, MI 48034 48034 MI 48034 July authenticated by the officinized. (A photocopy is not ficate under oath of the translational field and the stated herein malties of perjury that the facts stated herein	itor	
7. The name, title or capacity and address of the person(s) who has/have authorized Communities Operating Limited Partnership, Member, 27777 Franklin Road, Suite 2500 John McLaren, Authorized Representative, 27777 Franklin Road, Suite 200, Southfield, Ml Jonathan Colman, Authorized Representative, 27777 Franklin Road, Suite 200, Southfield, Ml 8. Attached is an original certificate of existence, no more than 90 days old, dhaving custody of records in the jurisdiction under the law of which it is organacceptable. If the certificate is in a foreign language, a translation of the certificate be submitted) Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the per	hority to manage is/are: 0, Southfield, MI 48034 48034 MI 48034 July authenticated by the officinized. (A photocopy is not ficate under oath of the translational field and the stated herein malties of perjury that the facts stated herein	itor	

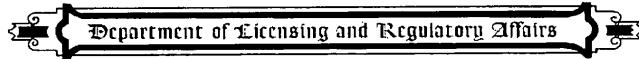
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

All the commence of the formation of the commence of the comme

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name	of the Limited Liability Compi	any is:	
Sun Compass R	V, LLC		
If unavailable	the alternate to be used in the	e state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	_
	1200 South Pine Island Road		_
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	_
	Plantation	FL 33324	
		City/State/Zip	
liability comp registered age statutes relati	any at the place designated in a ent and agree to act in this cape ng to the proper and complete	to accept service of process for the above this certificate, I hereby accept the appoin acity. I further agree to comply with the p performance of my duties, and I am famil stered agent as provided for in Chapter 6	ntment as provisions of all iar with and
	By: NRAI Services, Inc.	James M. Halpin Asst. Secretary	A SSECTION FOR
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	





Lansing, Michigan

This is to Certify That SUN COMPASS RV, LLC

was validly authorized on May 7, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18055178310

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of May, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau