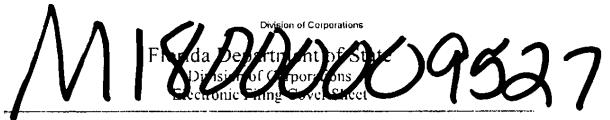
10/22/2018

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company HOMETOWN LAKES AT LEESBURG, L.L.C.

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Help

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BE	CTION COS.0902, FLORIDA STATUTES, THE FOL USINESS IN 111E STATE OF FLORIDA;	LOIYING IS SUBMITTED TO REGE	STER A FOREIGN LIMITED LIABILITY		
1 Hometown Lakes at Le					
(Name of Foreign	Limited Liability Company; must include "Limited L	ability Company," "L.L.C.," or "LLC.	")		
Warm on Ship and		·			
2 Delaware	name adopted for the purpose of transacting business in Florida	•	ishility Company," "L.L.C," or "LLC,")		
2. Detailwair E (Jonafiction under the law of which foreign limited liability company is organized)		3. 38-3140664	mber, if applicable)		
d Upon qualification		1			
4. Open quantication	(Date first transacted business in Florids, if prior to regi (See sections 605,0904 & 605,0905, F.S. to determine)	stration.)	<u>~</u>		
150 N. Wacker Drive,	Suite 2800, Chicago, IL 60606		ite 2800 Chiange II 60/a0/		
	(Street Address of Proreign) Office)		6. 150 N. Wacker Drive, Suite 2800, Chicago, IL 60 6 06		
····					
7. Name and street addre	ss of Florida, registered agent: (P.O. Box N	<u>(OT</u> acceptable)	E. E.		
Name:	C T Corporation System		. 21		
Office Address:	1200 South Pine Island Road	<u> </u>	~		
	Plantation	33324			
Registered agent's accep	(C49)	Florida 33324 (Zip ex			
Having been named as re designated in this applica to comply with the provisi and accept the obligation	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- lons of all statutes relative to the proper an sof my position as registered agents. By: CT Corporation System	egistered agent and agree to ac and complete performance of my and the states the states are the	t in this compoint I down an annual		
	(Registered agent's sign	17274)			
8. The name, title or cape Title or Capacity: Member	acity and address of the person(s) who has/h Name and Address: Hometown Communities Limited Partnership	Title or Capacity:	Name and Address:		
	150 N. Wacker Dr., Ste. 2800 Chicago, IL 60606				
					
		• •			
(Use attachments if necess	sary)				
9. Attached is a certificate	of existence, no more than 90 days old, dul	y authenticated by the official h in a foreign language, a transla	aving custody of records in the tion of the certificate under oath		
10. This document is execusubmitted in a document to	the Department of State constitutes a third) (b), Florida Statutes. I am awa dogree folony as provided for in	re that any false information		
Maryla & Signature on substrated person					
	Marceln Godoy, Authorized Agent				
Treed or control man of the control					



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOMETOWN LAKES AT LEESBURG, L.L.C." 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

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

7110861 8300
SR# 20187245852
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203652740

Date: 10-22-18