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| Name: | SUN HACIENDA DEL RIO LLC | ٦ |
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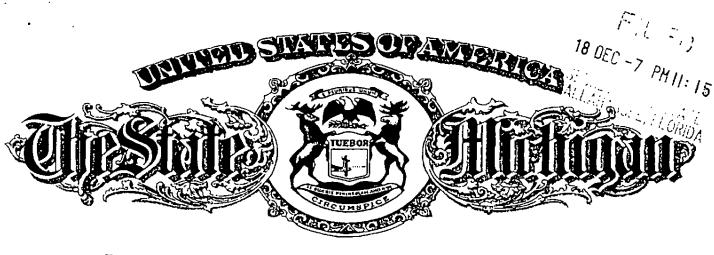
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| | | Name of | Limited Liability | Company | | |
| | | | | | ansact Business in Florida," Certificate of y company to transact business in Florida | |
| Please ret | urn all correspondence | e concerning this matter to the | following: | | | |
| | Susan R. Mc | Master | | | | |
| | | N | lame of Person | | | |
| | Jaffe Raitt | | | | | |
| | | F | irm/Company | | · · · · · · · · · · · · · · · · · · · | |
| | 27777 Frank | in Road, Suite 2500 | | | | |
| | | | Address | | | |
| | Southfield, M | 11 48034 | | | | |
| | | City/S | State and Zip Code | | | |
| | smemaster@ja | ffelaw.com | | | | |
| | | E-mail address: (to be use | d for future annual | report no | tification) | |
| For furthe | r information concern | ing this matter, please call: | | | | |
| : | Susan R. McMaster | | 248 nt (| 727-14 | 85 | |
| - | Name | of Contact Person | Area Code | Day | time Telephone Number | |
| ī R P | MAILING ADDRESSITION Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314 | ns | | Division Registrat Clifton B 2661 Exe | F ADDRESS: of Corporations ion Section suilding coutive Center Circle see, FL 32301 | |
| | is a check for the follo □ \$125.00 Filing Fee | owing amount: State \$130.00 Filing Fee & Certificate of Status | 国 \$155.00 Filir Certified Copy | ig Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | |

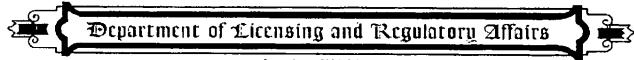
* APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

martine and the continuous of the committee of the commit

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:

| | name adopted for the purpose of transacting business in | | | odity Company," "L.L.C," or "LLC |
|--|--|---|---|---|
| Michigan | | 3. | N/A | |
| (Jurisdiction under the law of w | hich foreign lumited liability company is organized) | | (FE) numb | er, if applicable) |
| N/A | | | | |
| | (Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete | r to registration. comine penalty I |) publiky) | |
| 27777 Franklin Road | | 6. | 27777 Franklin Road | |
| (Street Address of Suite 200 | Principal Office) | | (Mailing Addi | ess) |
| Southfield, MI 48034 | | | Southfield, MI 38034 | <u> </u> |
| Southfield, MI 48034 | ,,,, | | Southiteld, Wil 38034 | |
| Numu and street address | ss of Florida registered agent: (P.O. B | ov NOT a | ccentable) | <u> </u> |
| value and <u>succe addres</u> | | ιοχ <u>ΙζΟΤ</u> α | cceptable) | <u></u> |
| Name: | National Registered Agents, Inc. | ·· | | 3 |
| Office Address: | 1200 South Pine Island Road | | | 77 |
| | Plantation | | , Florida 33324 | |
| | (City) | | (Zip code | e) |
| comply with the provisi I accept the obligation. | lons of all statutes relative to the prop s of my position as register <mark>ed agent.</mark> | per and con | nplete performance of my o | in this capacity. I furth duties, and I am familia |
| comply with the provisi d accept the obligation. | ions of all statutes relative to the prop | nts ntary | | |
| comply with the provisi I accept the obligation. | lons of all statutes relative to the props of my position as registered agent. By: National Registered Age Stephanie Hencz, Asst. Secre | nts tary dissignature) | yshame Honey | |
| comply with the provision accept the obligation. The name, title or capa | ons of all statutes relative to the props of my position as registered agent. By: National Registered Age Stephanic Hencz, Asst. Secre | nts tary drawn's signature) | yshame Honey | |
| comply with the provisi d accept the obligation. | lons of all statutes relative to the props of my position as registered agent. National Registered Age: Stephanie Hencz, Asst. Secre (Registered agent) acity and address of the person(s) who Name and Address: | nts tary dissignature) has/have a | uthority to manage is/are: | duties, and I am familia |
| comply with the provision accept the obligation. The name, title or capa | lons of all statutes relative to the props of my position as registered agent. National Registered Agent Stephanie Hencz, Asst. Secre (Registered agent acity and address of the person(s) who Name and Address: Sun Communities Operatin Limited Partnership, 27777 | nts tary of tary has/have a Tie | uthority to manage is/are: | duties, and I am familia |
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| comply with the provision accept the obligation. The name, title or capa | lons of all statutes relative to the props of my position as registered agent. National Registered Agent Stephanie Hencz, Asst. Secre (Registered agent acity and address of the person(s) who Name and Address: Sun Communities Operatin Limited Partnership, 27777 | nts tary of tary has/have a Tie | uthority to manage is/are: | duties, and I am familia |
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Lansing, Michigan

This is to Certify That SUN HACIENDA DEL RIO LLC

was validly authorized on November 30, 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: 18129650130

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of December, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau