M19000001790

| (Reque | estor's Name) | |
|------------------------------|----------------|-------------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Nam | ne) |
| (Docur | nent Number) | · |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | |
| | | |
| | | |
| | | |

Office Use Only



600324887716

19 FEB 20 FM 4: 18

9 FEB 20 PH 5: 30

K. SALY FEB 21 2019 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 639581 7175508

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 20, 2019

ORDER TIME : 2:20 PM

ORDER NO. : 639581-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: J BAR J MHC, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:

Registration Section

| | Name of I | Limited Liability | Company | | | |
|------------------------|--|---|---|--|--|--|
| losed | "Application by Foreign Limited Liability Comp d check are submitted to register the above refere | pany for Authoriz enced foreign limi | ation to Transact Business in Florida," Certific ited liability company to transact business in Fl | | | |
| eturn | all correspondence concerning this matter to the | following: | | | | |
| | GABE SHABAT | | | | | |
| | Name of Person | | | | | |
| | LAKESHORE COMMUNITIES | | | | | |
| | Firm/Company | | | | | |
| | 8800 N. BRONX AVE., 2ND FLOOR | | | | | |
| | Address | | | | | |
| | SKOK1E, 1L 60077 | | | | | |
| | City/State and Zip Code | | | | | |
| | GSHABAT@LAKESHOREMHC.COM | | | | | |
| | E-mail address: (to be used | l for future annua | l report notification) | | | |
| her int | formation concerning this matter, please call: | | | | | |
| LIN | DSAY KLAPMAN | 312 at (| 346-8380 | | | |
| | Name of Contact Person | Area Code | Daytime Telephone Number | | | |
| Divis Regis P.O. | HLING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| | osed is a check for the following amount: se make check payable to: FLORIDA DEPART | MENT OF STA | | | | |

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: J BAR J MHC, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") **DELAWARE** (Jurisdiction under the law of which foreign limited liability company is organized) **UPON QUALIFICATION** (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 8800 N. BRONX AVE., 2ND FLOOR 8800 N. BRONX AVE., 2ND FLOOR 5. (Street Address of Principal Office) (Mailing Address) SKOKIE, IL 60077 SKOKIE, IL 60077 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Emily Croft

Corporation Service Company.

By:

National Company

Ref.

Asst. Vice President

| | FILED |
|------------------|----------|
| | 7 2a |
| SEGAET ALLAHA | AH 5: 30 |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Name and Address: PALM COVE MANAGER, LLC s800 N. BRONX AVE. D FLOOR OKIE, IL 60077 | Title or Capacit | Name: | Name and Address: |
|--|------------------------------|--|-------------------|
| S800 N. BRONX AVE. D FLOOR OKIE, IL 60077 | ☐ Member ☐ Authorized Person | Address: _ | |
| D FLOOR OKIE, IL 60077 | Authorized Person | | |
| OKIE, IL 60077 | Person | | |
| · · · · · · · · · · · · · · · · · · · | _ | | |
| Other | Other_ | | |
| | | | Other |
| ne: | ☐ Manager | Name: | |
| ress: | Member | Address: _ | |
| | Authorized | | |
| | Person | | |
| Other | Other | | Other |
| ne: | Manager | Name: | |
| ress: | Member | Address: _ | |
| | Authorized | | |
| | Person | | |
| Other | Other | | Other |
| 1 | lress: | Member Authorized Person Other Manager Member Authorized Person Other Othe | Member Address: |

KEITH A. ROSS, AUTHORIZED PERSON

Typed or printed name of signee

Signature of an authorized person

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "J BAR J 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 TWENTIETH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "J BAR J MHC,

LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2019.

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





Authentication: 202292884

Date: 02-20-19

7284001 8300 SR# 20191188933

You may verify this certificate online at corp.delaware.gov/authver.shtml