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

4/12/2019

Date:

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Thank you!

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	MHV 2019-1 Bradenton Luxor, LL	.c			
5000		Name of Limited Liabil	ity Company		
The er Existe	nclosed "Application by Foreign Limited Lia nce, and check are submitted to register the	ability Company for Authorabove referenced foreign	orization to Transa limited liability co	ct Business in Florida," C mpany to transact busines	Certificate of ss in Florida.
Please	return all correspondence concerning this n	natter to the following:			
	Kathi Newell, Paralegal				
		Name of Person			
Firm/Company					
2901 Butterfield Road					
		Address			
	Oak Brook, Illinois 60523				
		City/State and Zip C	ode		
	E-mail address	s: (to be used for future an	nual report notifica	ation)	
For fu	rther information concerning this matter, ple	ase call:			
	Kathi Newell	630 at (218-8000		
	Name of Contact Persor	n Area C	ode Daytim	e Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET AI Division of C Registration Clifton Build 2661 Executi Tallahassec,	Corporations Section ing ve Center Circle	
	Enclosed is a check for the following amore Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Certi	A DEPARTMENT OF S	TATE 5.00 Filing Fee & ertified Copy	\$160.00 Filing Fe	

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:

1. MHV 2019-1 Braden					
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Cor	npany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fi	lorida The alterna	e name must include "Limited Liability Con	npany," "L.L.C," or "LLC.")	
Delaware 2.		3.			
(Jurisdiction under the law of wh	hich foreign lumited liability company is organized)		(FEI number, if app	ucable)	
Upon filing.					
7.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nine penalty liabili	ry)		
2901 Butterfield Road		290 6.)1 Butterfield Road		
Street Address of F	rincipal Office)	0	(Mailing Address)		
Oak Brook, Illinois 60	0523		Oak Brook, Illinois 60523		
					
					* 1 -
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)	AFR 12	·
	C T Corporation System				
Name:			<u> </u>	84 :01 #3	
Office Address:	1200 South Pine Island Road			8 +	
	Plantation		33324		
	(City)		, Florida(Zip code)		
Registered agent's accep Having been named as re	gistered agent and to accept service of	process for	the above stated limited liabili	ty company at the plo	ce
designated in this applica	tion, I hereby accept the appointment lons of all statutes relative to the prope	as registered	agent and agree to act in this	capacity. I further a	gree
	ons of an statutes retailive to the prope s of my position as registered agent.	т ини сопфи	ere perjormance of my dunes,	unu z um jamanar m	177
	C T Corporation System	flin	Steph	anie Boehm	
	By:	<i>'</i>	Assis	tant Secretary	
	(Registered agent'	s signature)			

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: MH Ventures 2019-1, LLC Manager Manager Name: 2901 Butterfield Road ☐ Member ⋈ Member Address: Address: Oak Brook, Illinois 60523 Authorized Authorized Person Person Other Other____ Other Other Name: Manager Member Address: Member Address: Authorized Authorized Person Person Other Other_ Other Other___ Name: Manager | Name: Address: ___ Address: Authorized Authorized Person Person Other_ Other ____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. MHV 2019-1 Bradenton Luxor, LLC, a Delaware limited liability company
By: MH Vontures 2019-1, LLC, a Delaware limited liability company, its sole member By: Inland Venty MUC Manager, LLC, a Delaware limited liability company, its sole manager Signature of an authorized person Roderick S. Curtis, President of sole manager of sole member

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MHV 2019-1 BRADENTON LUXOR, 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 TENTH DAY OF APRIL, A.D. 2019.

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

at corn delaware sov/auti

Authentication: 202619287

Date: 04-10-19