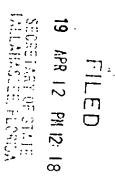
# M19000003781

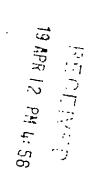
(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(D	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



100327910541





4/15/19

### **CT CORP**

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

4/12/2019

D	ate:	4/12/2019	- w: DW
		Acc#I20160000072	4n: () = V
Name:	MHV 201	9-1 BRADENTON SU	NSET VILLAGE, LLC
Document #:			
Order #:	11596480	(LINE 65 & 67)	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
Filing: 🗸	Certifie Plain: COGS:	d: 🗸	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amoun	t: \$ 160	

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE		on Sunset Village, LLC				
SUBJE	CI	Name of Lim	ited Liability	Company		
The end Existend	losed "Application by Foreig ce, and check are submitted t	gn Limited Liability Company to register the above reference	y for Authoriz ed foreign lim	ation to Transactited liability com	Business in Florida,	' Certificate of ness in Florida.
Please r	eturn all correspondence con	ncerning this matter to the foll	lowing:			
	Kathi Newell, Par	alegal				
		Namo	of Person			
		Firm	'Company	<del></del> -		
			Company			
	2901 Butterfield Road					
	Address					
	Oak Brook, Illino	is 60523				
		City/State	and Zip Code	;		
	newell@inlandgrou	ıp.com				
	<del></del>	E-mail address: (to be used fo	r future annua	I report notificat	ion)	-
For furt	her information concerning the	his matter, please call:				
	Kathi Newell	а	630 .t (	218-8000		
	Name of C	Contact Person	Area Code	Daytime	Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	Enclosed is a check for the Please make check payable  \$125.00 Filing Fee	following amount: to: FLORIDA DEPARTM! \$130.00 Filing Fee & Certificate of Status	\$155.00	TE Diffling Fee & Ged Copy	\$160.00 Filing of Status & Cen	

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	name adopted for the purpose of transacting business in		,,
		3	mber, if applicable)
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI nu	mber, if applicable)
Upon filing.			
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605,0905, F.S. to det	r to registration ) ermine penalty liability)	<del></del>
2901 Butterfield Road	i	2901 Butterfield Road	
(Street Address of	Principal Office)	6. (Mailing A	ddress)
Oak Brook, Illinois 6	0523	Oak Brook, Illinois 6052	3
			-: 19
			ري
<del> </del>		Nom	THE REST
Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	PR 12
Name and street addre		ox <u>NOT</u> acceptable)	PR 12 PR
Name and street addre	ss of Florida registered agent: (P.O. B  C T Corporation System	ox <u>NOT</u> acceptable)	APR 12 PH 12:
Name:		ox <u>NOT</u> acceptable)	MPR 12 PH 12: 18
	C T Corporation System	ox <u>NOT</u> acceptable)	ogen J. T. L.
Name:	C T Corporation System	ox <u>NOT</u> acceptable)  33324	ogen J. T. L.

		mu o u		NI
Title or Capacity:	Name and Address: MH Ventures 2019-1 LLC	Title or Capacity:		Name and Address:
Manager	Name: MH Ventures 2019-1, LLC	Manager Manager	Name:	<del></del>
⊠Member	Address: 2901 Butterfield Road	☐ Member	Address: _	
Authorized	Oak Brook, Illinois 60523	☐ Authorized		<del></del>
Person		Person		
Other	Other	Other	<del></del>	Oifier
☐Manager ☐Member	Name:	☐ Manager ☐ Member	Name:	PA PO
Authorized		Authorized		
Person		Person		<del></del>
Other	Other	Other		Other
☐Manager ☐Member	Name:	☐ Manager		
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
9. Attached is a cert jurisdiction under the of the translator must 10. This document is	is executed in accordance with section 605.020 ment to the Department of State constitutes a the MHV 2019-1 Bradenton Sunset Village, LLC, a Delaw By: MH Ventures 2019-1, LLC, a Delaware limited lial By: Inlead Ventures 2019-1, LLC, a Delaware	duly authenticated by the te is in a forcign language (1) (b), Florida Statutes aird degree felony as proving are limited liability company bility company, its sole member limited liability company, its sole of an authorized person	e Annual Rep official having, a translation . I am aware to ided for in s.8	ort form.  ng custody of records in the of the certificate under oath that any false information

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MHV 2019-1 BRADENTON SUNSET VILLAGE,

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.

Authentication: 202618875

Date: 04-10-19

7365726 8300 SR# 20192734516