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Special Instructions to	Filing Officer:						
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Office Use Only



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19 MAY 17 AH 10: 31

Y SCOTT MAY 2 0 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 771281 71755	08
AUTHORIZATION: Nelselens	
COST LIMIT : \$ 125.00	
ORDER DATE: May 16, 2019	
ORDER TIME : 9:28 AM	
ORDER NO. : 771281-005	2019 SEC
CUSTOMER NO: 7175508	FIL 1019 HAY 17 SECRETARY ALLAHASS
	SSE 7
FOREIGN FILINGS	PH 4: 41 OF STATE E. FLORIDA
NAME: COBBLESTONE I CTC LLC	P
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Lydia Cohen EXT# 62974	

EXAMINER:

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	COBBLESTONE I CTC LLC					
3000	Name of Limited Liability Company					
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," ace, and check are submitted to register the above referenced foreign limited liability company to transact busin	Certifi	icate of Florida.			
Please	return all correspondence concerning this matter to the following:					
	Jennifer R. Cohen					
	Name of Person					
	Levenfeld Pearlstein, LLC					
	Firm/Company					
	2 North LaSalle Street, Suite 1300	20	•			
	Address	2019 HAY	TIL			
	Chicago, Illinois 60602					
	lpagents@lplegal.com	14: H	O			
r. r	E-mail address: (to be used for future annual report notification)					
ror tur	ther information concerning this matter, please call:					
	Jennifer R. Cohen 312 346-8380 at ()					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COBBLESTONE (Name of Foreig	CTC LLC gn Limited Liability Company; must include "Lim	uted Liability	Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate	e name adopted for the purpose of transacting business in	Florida The al	ternate name must include "Limited Liability C	Company, "Li.C." or "LLC.")
Delaware 2.		3.	84-1789059	
	which foreign limited liability company is organized)	٥.	(FEI number, if a	ippbcable)
1 .				
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration) iability)	-
17W220 22nd Street, Suite 220		17W220 22nd Street, Suit	A S S S S S S S S S S S S S S S S S S S	
(Street Address o	of Principal Office)	Ψ.	(Mailing Address)	ED N
Oakbrook Terra	ce, Illinois 60181		Oakbrook Terrace, Illinois	المكسا يستسا
-	 	•		THE RESERVE
				STA
7. Name and <u>street addr</u>	ess of Florida registered agent: (P.O. B	ox <u>NOT</u> a	cceptable)	DE: T
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		32301 , Florida	
	(City)	,	(Zip code)	_
designated in this applic to comply with the provi	registered ayent and to accept service of cation, I hereby accept the appointment isions of all statutes relative to the propins of my position as registered agent.	t as registe	red agent und agree to act in th	is capacity. I further agr
	Corporation Septe Company By:	A3	Asst. Vice President	_
	(Registered agen	ır s sıgnature)		

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: Title or Capacity: Name and Address: Cobblestone SPC MHC Fund I LP Name: ■ Manager ☐ Manager Name: 17W220 22nd Street, Suite 220 ☐ Member Address: ☐ Member Address: Oakbrook Terrace, Illinois 60181 Authorized Authorized Person Person Other Other Other_ Other____ Manager Name: _____ Manager Name: ____ Member Address: _____ ☐ Member Address: _ Authorized Authorized Person Person Other Other____ Other_ Manager Name: _____ Name: Member Address: _____ Member Address: ■Authorized Authorized Person Person Other_ 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.

Erik D. Hagen

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COBBLESTONE I CTC 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 SIXTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COBBLESTONE I CTC LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2019.

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

2019 MAY 17 PM 4: 41
SECRETARY OF STATE

Authentication: 202842524

Date: 05-16-19

7422491 8300 SR# 20194041810