## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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EXAMINER: \_\_\_\_

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1 ...

ACCOUNT NO. : I2000000195		
REFERENCE : 774560 7175508		
AUTHORIZATION: Spelbell mon		
COST LIMIT : \$ 130.00		- <b>-</b> -
ORDER DATE : May 20, 2019		
ORDER TIME : 11:08 AM		
ORDER NO. : 774560-020		
CUSTOMER NO: 7175508		
	- <b>-</b>	
FOREIGN FILINGS		
NAME: SUN VILLAGE MHC, LLC	20 H3 ( 2 2	
XXXX QUALIFICATION (TYPE: <u>LL</u> )	A 3: 23	<u>ر</u>
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY  XXX CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Lydia Cohen EXT# 62974		

## COVER LETTER

y the

TO:

TO:	Registration Section Division of Corporations	
SUBJI	SUN VILLAGE MHC, LLC T:	
	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certific, and check are submitted to register the above referenced foreign limited liability company to transact business in F	
Please	urn all correspondence concerning this matter to the following:	
	GABE SHABAT	
	Name of Person	
	LAKESHORE COMMUNITIES	
	Firm/Company	
	8800 N. BRONX AVE., 2ND FLOOR	
	Address	
	SKOKIE, IL 60077	٦.
	City/State and Zip Code	- 1 
	GSHABAT@LAKESHOREMHC.COM :3	
	E-mail address: (to be used for future annual report notification)	ا
For fur	r information concerning this matter, please call:	
	LINDSAY KLAPMAN 312 346-8380	
	Name of Contact Person Area Code Daytime Telephone Number	
	AAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Inclosed is a check for the following amount:  The lease make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigsim S130.00 Filing Fee & Bisson Filing Fee & Certificate of Status & Certified Copy of Status & Ce	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEX, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

: unavailable, enter alternate i	name adopted for the purpose of transacting business in Flori	ida. The atternate name must me	rlude "Limited Liability C	ompany, "Lillie, or "Lille	
DELAWARE		74-3184500 3			
urisdiction under the law of w	thich foreign limited hability company is organized)	-/· <u> </u>	(FEI number, if a	pplicable)	
IPON QUALIFICAT	TION				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ie penalty liability)	·	_	
8800 N. BRONX AVE., 2ND FLOOR (Street Address of Principal Office)		6. (Mailing Address)			
(Street Address of	Principal Office)		(Mailing Address)		
	ss of Florida registered agent: (P.O. Box	SKOKIE, IL 6	50077	2:	
Name and street addre	ss of Florida registered agent: (P.O. Box  Corporation Service Company		\$0077 		
	_			2-19 11.7 2 3	
	_		50077	5.13 157, 5.2 V 3.	
Name and <u>street addres</u> Name:	Corporation Service Company		32301		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	· · · · · · · · · · · · · · · · · · ·	Title or Capacity	Name and Address:
Manager	Name: LAKESHORE ORLANDO, LLC	Manager	Name:
Member	Address: 8800 N. BRONX AVE.	Member	Address:
Authorized	2ND FLOOR	Authorized	
Person	SKOKIE, IL 60077	Person	
Other	Other	Other	
]Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
∃Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	بر
Other	Other	Other	_

Signature of an authorized person

Typed or printed name of signee

KEITH A. ROSS, AUTHORIZED PERSON

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUN VILLAGE 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 TWENTY-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUN VILLAGE MHC, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2019.

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



Authentication: 202870464

Date: 05-21-19

7429028 8300 SR# 20194292299