N19000533+

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500329983335

2019 HAY 29 PM 4: 36 SECKETARY OF STATE TALLAHASSEE, FI OPEN

19 MAY 29 FM L: 30

Y SCOTT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 783492 7175508

AUTHORIZATION

COST LIMIT : 125.00

ORDER DATE : May 29, 2019

ORDER TIME : 2:29 PM

ORDER NO. : 783492-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: HIGHLAND OAKS 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: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	OAKS MHC, LLC			
Name of Limited	d Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Existence, and check are submitted to register the above referenced for the control of th	or Authorization to Transact Business in F Foreign limited liability company to transa	Florida," Cert act business in	ificate of n Florida.	
Please return all correspondence concerning this matter to the follow	ing:			
GABE S	HABAT			
Name of	Person			
LAKESHORE CO	OMMUNITIES			
Firm/Co	2019 HAY			
8800 N. BRONX AVENUE, 2ND FLOOR				
Addı	Y 29			
SKOKIE, ILLINOIS 60077				
City/State and	PM 4: 37			
gshabat@lakesi E-mail address: (to be used for fu	DA B			
For further information concerning this matter, please call:	iture aimuai report nottiteation)			
JENNIFER R. COHEN	312 346-8380			
at (_	Area Code Daytime Telephone Nu	ımber		
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 Circl Tallahassee, FL 32301			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & ☐ \$160.00	Filing Fee, C s & Certified		

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:

ı.		OAKS MHC, LLC Limited Liability Company; must include "Limited Liability Company; must include "Limited Limited Limite		2			
	(Maine of Poteigh	Commed Diability Company; must include Time	ited Lisbiniy C	company, L.E.C., or LEC.			
(If	name unavailable, enter alternate r	same adopted for the purpose of transacting business in F	Torida, The alter	nate name must include "Limited Liability	Company," "L.L.C.	or "Ll	LC.")
2.,		laware	3	(FEI number,			
	(Jurisdiction under the law of w	nich foreign limited liability company is organized)		(FEI number,	t applicable)		
4.		(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty lial	oility)	_		
5		Avenue, 2nd Floor	6.	8800 N. Bronx Avenue			
٠.	(Street Address of	Principal Office)	0	(Mailing Address			_
	Skokie, Illinois 6	0077	_	Skokie, Illinois 60077	SECK ALLA	2019 K	_
					TANY	2019 HAY 29	
7.	Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> ace	ceptable)	171	PH L: 2.	
	Name:	Corporation Service Company			DA.	~7	
	Office Address:	1201 Hays Street					
		Tallahassee		32301 , Florida			
		(City)		(Zip code)			

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.

Roxanne Turner

Asst. Vice President

(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: Palm Cove Manager, LLC Manager Manager Manager Name: __ 8800 N. Bronx Avenue Member Address: Member Address: _____ _ _ _ _ _ 2nd Floor Authorized Authorized Skokie, Illinois 60077 Person Person Other Other_____ Other____ Other____ Manager Name: Manager Manager Name: Member Address: Member Address: ____ Authorized Authorized Person Person Other_ Other____ Other_ Manager Name: _____ Manager Manager Name: _ Member 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. Signature of an authorized person Keith A. Ross, Authorized Person

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HIGHLAND OAKS 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-NINTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHLAND OAKS MHC, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2019.

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

TALLAHASSEE, FLORIDA



Authentication: 202916389

Date: 05-29-19