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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 120000000195  REFERENCE : 145213 7175508  AUTHORIZATION STEED TO THE SECOND TO THE SEC								
ORDER DATE : January 17, 2020  ORDER TIME : 2:05 PM  ORDER NO. : 145213-005								
CUSTOMER NO: 7175508								
FOREIGN FILINGS								
NAME: ROYAL PALM STUART MHC, LLC								
XXXX QUALIFICATION (TYPE: LL)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								

EXAMINER: \_\_\_\_\_

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

### COVER LETTER

TO:

TO:	Registration Section Division of Corporation	s				
SUBJ:	ROYAL PALM STU	JART MHC, LLC				
		Name of Lim	ited Liability Co	ompany		
		rign Limited Liability Company I to register the above reference				
Please	return all correspondence co	oncerning this matter to the follo	owing:			
	LILLIAN YAN	NI				
		Name	of Person			
	LAKESHORE (	COMMUNITIES			2020 SE TAL	
	8800 N. BRON.	Firm/0 X AVE., 2ND FLOOR	Company		2020 JAN 17 SECALIARY TALLAHASSE	FILED
	SKOKIE. IL 60		ldress		PH 4: 3	
	LYANNI@LAKI	City/State ESHOREMHC.COM	and Zip Code		JA .	
	<del></del>	E-mail address: (to be used for	future annual re	eport notification)		
For fu	rther information concerning	this matter, please call:				
	LINDSAY KLAPMAN	at	3123	346-8380		
	Name of	Contact Person	Area Code	Daytime Teler	phone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		U P C 2	STREET ADDRESTREET	ations 1 nter Circle	
	Enclosed is a check for the Please make check payab	e following amount: le to: FLORIDA DEPARTME	NT OF STATE	£		
	☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Fi	iling Fee & 🔲 Copy	\$160.00 Filing For of Status & Certi	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANNACT BUSINESS IN THE STATE OF FLORIDA:

1.	(Name of Foreign	Limited Liability Company; must include "Limi	ited Liabilit	uy Company," "L.L.C.," or "LLC,")			
(lf)	name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	Torida The a	alternate name must include "Limited Liability Company," "L.L.C." o	or "LLC.")		
				7. 20			
2	DELAWARE		2				
	(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	J.	(FEI number, if applicable)	· · ·		
4.	UPON QUALIFICAT	ION		ASS:	T T		
		Date first transacted business in Florida, if pitor (See sections 605 0904 & 605,0905, F.S. to deter	to registration mine penalty	on I (y liability)			
5.	8800 N. BRONX AV		6.	8800 N. BRONX AVE., 2ND FLOOR	ح		
٠.	(Street Address of Principal Office)			(Mailing Address)			
	SKOKIE, IL 60077			SKOKIE, IL 60077			
7.	Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> :	_acceptable)			
	Name:	Corporation Service Company					
	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.

Company Kadesha Roberson 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: Title or Capacity: Name and Address: Name and Address: Name: PALM COVE MANAGER, LLC Name: \_\_\_\_ ■Manager Manager | 8800 N. BRONX AVE. Address: Member Member | Address: 2ND FLOOR Authorized Authorized SKOKIE, IL 60077 Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Name: Manager Manager Manager Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other\_\_\_\_\_ Other Other Manager Name: Manager | Name: Member Member Address: 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. KEITH 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 "ROYAL PALM STUART 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 SEVENTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROYAL PALM STUART MHC, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, AS 2020.

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

Authentication: 202212584

Date: 01-17-20