(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.
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Office Use Only



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

	ACCOUNT NO. :	120000001	95		
	REFERENCE :	148335	7895010		
	AUTHORIZATION :	Souther	Ran		
	COST LIMIT :	\$125.00			
ORDER DATE :	January 22, 2020				
ORDER TIME :	11:05 AM				
ORDER NO. :	148335-005				
CUSTOMER NO:	7895010				
<b></b>	FOREIGN_FIL	INGS		2020 JAN	
NAME :	MH GENTRY PARK LLC	IL HOLDINGS,		VH 22 PH 10:	
<u>XXXX</u> QUALIFI	CATION (TYPE: <u>LL</u> )			): 30	
PLEASE RETURN	THE FOLLOWING AS P	ROOF OF FILIN	1G :		
CEBUT	FIED CODY				

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

### **COVER LETTER**

TO: **Registration Section** Division of Corporations

Tallahassee, FL 32314

#### SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 2020 JAN 22 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section **Registration Section** P.O. Box 6327 Clifton Building

AH 10: 30 2661 Executive Center Circle Tallahassee, FL 32301 . . . Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee **\$130.00** Filing Fee & **\$155.00 Filing Fee &** \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

# n na sea na s

## 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:

, MH Gentry Park IL Holdings, LLC

name unavaliable, enter allemate	name adopted for the purpose of transacting business in Flot	rida The alternate nume must include "Limited Liability Company," "	"L.I. C," or "LLC		
Delaware		7			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEi number, il applicable)			
Upon filing					
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) ne penalty liability)			
6931 Arlington Road, Suite 320		6931 Arlington Road, Suite 320			
(Street Address of Principal Office)		6(Mailing Address)			
Bethesda, MD 20814		Bethesda, MD 20814			
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	Corporation Service Company		2020 JAH 2		
			~		
Office Address:	1201 Hays Street		PIT		
Office Address:		 32301 , Florida			

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.

Kadesha Roberson Asst. Vice President Corporation Service Company\_ By: (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;	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: Robert A. Swcet	🗌 Manager	Name:	
Member	Address:	🔲 Member	Address:	
Authorized	Bethesda, MD 20814	Authorized		·
Person		Person	<u> </u>	
Other	Other	Other	<u></u>	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		2026
Other	Other	Other		Other N

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non, indexed 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 eath 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

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1

Robert A. Sweet

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 "MH GENTRY PARK IL HOLDINGS, 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-SECOND DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MH GENTRY PARK IL HOLDINGS, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2019.

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

Page 1



Jeffrey W. Bullock, Secretary of State

Authentication: 202231265 Date: 01-22-20

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SR# 20200443543 You may verify this certificate online at corp.delaware.gov/authver.shtml