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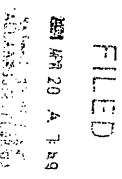
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COVER LETTER

TO:	Division of Corporations		
SUBJE	CT.		MHRV MANAGER I, LLC
COBOL	<u> </u>	<u> </u>	Same of Limited Liability Company
The end Existen	closed "A ce. and c	pplication by Foreign Limited Liabii heck are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please r	return all	correspondence concerning this mat	ter to the following:
		MICHAEL P. HICKMANN	
	Name of Person		
Firm/Company 43 N. POŁK DRIVE		Firm/Company	
		43 N. POLK DRIVE	
	Address		
	SARASOTA, FL 34236		
City/State and Zip Code			City/State and Zip Code
		mhickmann@att.net	
			o be used for future annual report notification)
For furt	her infor	mation concerning this matter, please	e call:
Mike Hickmann		Hickmann	608 215-3328 at ()
		Name of Contact Person	at ()
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		DEPARTMENT OF STATE 2 Fee & \$\Boxed{\Boxesia} \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MHRV MANAGER I, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name mayailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC,") DELAWARE 85-0730936 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 43 N POLK DR 43 N POLK DR (Street Address of Principal Office) (Mailing Address) SARASOTA, FL 34236 SARASOTA, FL 34236 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MICHAEL P. HICKMANN Name: 43 N POLK DR Office Address: SARASOTA 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. Alke Wil

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: Name: MICHAEL P. HICKMANN ■Manager □ Manager Name: Address: _ □Member ■ Member Address: SARASOTA, FL 34236 □Authorized □ Authorized Person Person □Other___ □Other □Other_____ □Other____ Name: □Manager □Manager Name: ____ □Member Address: _____ Address: □Member □ Authorized □ Authorized Person Person □Other_____ Other__ □Other____ □Other____ Name: □Manager Name: □Manager □Member Address: _____ □ Member Address: □Authorized □ Authorized Person Person □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. Mike Hill

MICHAEL P. HICKMANN

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MHRV MANAGER I, 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 THIRTEENTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202579995

Date: 03-13-20

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