

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
MHC The Meadows-Florida II, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	06
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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:

1. MHC The Meadows-Florida II, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1861858

(FEI number, if applicable)

4. Upon registration

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. Two North Riverside Plaza, Suite 800

(Street Address of Principal Office)

Chicago, Illinois 60606

6. Two North Riverside Plaza, Suite 800

(Mailing Address)

Chicago, Illinois 60606

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

C.T. Corporation System

By: _____

(Registered agent's signature)

Kimberly Laughrey, Asst. Sect.

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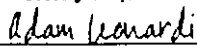
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: **SEE ATTACHMENT A WHICH LISTS THE MEMBER AND ALL PERSONS AUTHORIZED TO MANAGE.**

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>MHC OPERATING LIMITED PARTNERSHIP</u>	<input type="checkbox"/> Manager	Name: <u>DAVID ELDERSVELD</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Two North Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Authorized	<u>Two North Riverside Plaza, Suite 800</u>
Person	<u>Chicago, Illinois 60606</u>	Person	<u>Chicago, Illinois 60606</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Executive VP, General Counsel and Corporate Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>WALTER JACCARD</u>	<input type="checkbox"/> Manager	Name: <u>ADAM LEONARDI</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Two North Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Authorized	<u>Two North Riverside Plaza, Suite 800</u>
Person	<u>Chicago, Illinois 60606</u>	Person	<u>Chicago, Illinois 60606</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Senior Vice President and Treasurer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>PAUL SEAVEY</u>	<input type="checkbox"/> Manager	Name: <u>MARGUERITE NADER</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Two North Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Authorized	<u>Two North Riverside Plaza, Suite 800</u>
Person	<u>Chicago, Illinois 60606</u>	Person	<u>Chicago, Illinois 60606</u>
<input checked="" type="checkbox"/> Other <u>Executive VP and CTO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO and President</u>	<input type="checkbox"/> Other _____

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 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.

DocuSigned by:

 CSW4FZC4M994EB
 Signature of an authorized person
 Adam Leonardi, Senior Vice President and Treasurer
 Typed or printed name of signer

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ATTACHMENT A

1. Title: MEMBER
MHC OPERATING LIMITED PARTNERSHIP
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
2. Title: Executive Vice President, General Counsel and Secretary
ELDERSVELD, DAVID
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
3. Title: Executive Vice President and CFO
SEAVEY, PAUL
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
4. Title: CEO, President
NADER, MARGUERITE
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
5. Title: SENIOR VICE PRESIDENT
BUNCE, RONALD
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
6. Title: SENIOR VICE PRESIDENT
HATTEL, BRETT
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
7. Title: SENIOR VICE PRESIDENT
HUFF, PAUL
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
8. Title: VP
JACCARD, WALTER
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
9. Title: VP
BUTLER II, DONALD EVERRETT
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
10. Title: VP
MARTIN, STANLEY
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
11. Title: VP
REGISTER, LESLIE
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606

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12. Title: SENIOR VICE PRESIDENT AND TREASURER
LEONARDI, ADAM
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC THE MEADOWS-FLORIDA II, L.L.C." 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 SEVENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC THE MEADOWS-FLORIDA II, L.L.C." WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2018.

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



7085263 8300

SR# 20206093813

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203235458

Date: 07-07-20