

12/24/2020

Division of Corporations

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

Phone : (614)280-3338

Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company**MHC Marker I TRS, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MIIC Marker I TRS, 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," "LLC," or "LLC.")

2. DELAWARE 3. 85-4389191
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0905, F.S. to determine penalty liability.)

5. TWO N. RIVERSIDE PLAZA, SUITE 800 6. TWO N. RIVERSIDE PLAZA, SUITE 800
(Street Address of Principal Office) (Mailing Address)
CHICAGO, IL 60606 CHICAGO, IL 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 33324, Florida 33324
(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.

By: Sandra Zwijack by Sandra Zwijack, Assistant Secretary
(Registered agent's signature)

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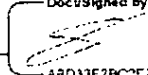
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: SEE ATTACHED LIST	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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:

 ABD33E2BC2E2446
 Signature of an authorized person
 Stanley Martin - Vice President
 Typed or printed name of signer

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, CFO and Treasurer
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
WILKINS, DOUGLAS
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
8. Title: VP
BUTLER II, DONALD EVERRETT
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
9. Title: VP
MARTIN, STANLEY
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
10. Title: VP
REGISTER, LESLIE
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
11. Title: VP
JACCARD, WALTER
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC MARKER 1 TRS, 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

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

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You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204405454

Date: 12-23-20