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2021-03-02 09:06:32 CST

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From: Ranae McGraw

Division of Corporations

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Address:

Foreign Limited Liability Company EAGLE RIVER KISSIMMEE, LLC

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To: 18506176383

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1

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

Eugla Diver Kicsimm	INESS INTHE STATE OF FLORIDA:		<u>, </u>
(Name of Foreign	imited Liability Company, must include "Limited Lia	Eithy Company," "L.L.C.," or "C.LC.")	
	ne adopted for the propose of manacting business in Plorida	The alternate name toust include "Litrated Liability Cosa;	pany,""-L.L.C," or "LLC;")
	this adobted for the biologic of damaged as a contract of		
Delaware	ch foreign limited liability company is in general)	3. [FEI number, if applica	sblet
(Junisdiction ender the law of wa	cerioreign mance include a company		20 Si
			75 2 .
	Date first transacted business in Flurida, if price to regi- iSee sections 605 0904 & 505,090!, F.S. to determine p	nearion) county hability]	
900 North Michigan		000 North Michigan Avenue	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
used Address of Principal Office)		6. (Mailing Address)	υς το [
		Suite 1400	SEE S
Suite 1400			122
Chicago, Illinois 606! 1		Chicago, Illinois 60611	171 - 4 -
Name and street address	s of Florida registered agent: (P.O. Box 1	I <u>OT</u> acceptable)	
, (tange and government	-		
	C T Corporation System		
Name:			·
Office Address:	1200 South Pine Island Road		
Office Address.	Di	33324	
	Plantation	Florida	

S. For initial indexing purpo	es, list names, title or capacity and addresses of the primary members/managers or persons authorized	iu
manage [up to six (6) total]:		

mann Be Inh	<i>'</i>		
Title or Capacity:	Name and Address:	Title or Capacity:	
Manager	Name: Eagle River Investors, LLC	□Manager	Name:
	Address:	□Member	Address:
■Member	Suite 1400	☐ Authorized	Suite 1400
□Authorized	Chicago, Illinois 60611		Chicago, Illinois 60611
Person	Cincago, minora voca	Person	
Other	Other	Other	□Other
			60 N
□Manager	Name: Karen M. Ewing	☐ Manager	Name: The Same
.	Address: 900 North Michigan Avenue	□Member	Name: 175 Address:
□Member	outer 1400	□Authorized	0
■ Authorized	Chicago, Illinois 60611	Person	39 7 M
Person	Chicago,	-	
Other	Other	□Other	Li t
□Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
		□Authorized	
□Authorized			
Person		Person	
Other	□Other	Other	Oother

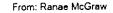
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 faise 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

Karen M. Ewing

Typed up printed name of signee





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

DELAWARE, DO HEREBY CERTIFY "EAGLE RIVER KISSIMMEE, 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 FIRST DAY OF MARCH, A.D. 2021.

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



Authentication: 202622828

Date: 03-01-21