

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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) 209-0845

\*\*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  
EAGLE RIVER KISSIMMEE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

*[Handwritten signature]*

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. Eagle River Kissimmee, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FEI number, if applicable)

4.   
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0901, F.S. to determine penalty liability)

5. 900 North Michigan Avenue  
(Street Address of Principal Office)  
  
Suite 1400  
  
Chicago, Illinois 60611

6. 900 North Michigan Avenue  
(Mailing Address)  
  
Suite 1400  
  
Chicago, Illinois 60611

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SECRETARY OF STATE  
TALLAHASSEE, FL

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, 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: C T Corporation System  
(Registered agent's signature)

Scott White,  
Assistant Secretary

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:  
☐ Manager              Name: Eagle River Investors, LLC  
☒ Member              Address: 900 North Michigan Avenue  
   Suite 1400  
☐ Authorized              Chicago, Illinois 60611  
   Person  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: Karen M. Ewing  
☐ Member              Address: 900 North Michigan Avenue  
   Suite 1400  
☒ Authorized              Chicago, Illinois 60611  
   Person  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
   Person  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☐ Manager              Name: Patrick Meara  
☐ Member              Address: 900 North Michigan Avenue  
   Suite 1400  
☒ Authorized              Chicago, Illinois 60611  
   Person  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
   Person  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
   Person  
☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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JANUARY 17

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.

Karen M. Ewing  
Signature of an authorized person  
Karen M. Ewing  
Typed or printed name of signer

# Delaware

The First State


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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.

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2021 MAR -2 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL



  
Jeffrey W. Bullock, Secretary of State

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SR# 20210752356

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202622828

Date: 03-01-21