

7/2/2021

Division of Corporations

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Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
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 Resort at Tranquility Lake, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	05
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## Corporate Filing Menu

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

(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 "L.L.C.")

2. DELAWARE 3. 85-3335505  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 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, 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: Kimberly Laughey Kimberly Laughey - Asst. Secretary  
(Registered agent's signature)

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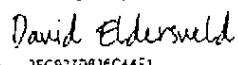
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>MHC Operating Limited Partnership</u>	<input type="checkbox"/> Manager	Name: <u>David Eldersveld</u>
<input checked="" type="checkbox"/> Member	Address: _____ <u>Two N. Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Member	Address: _____ <u>Two N. Riverside Plaza, Suite 800</u>
<input type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>	<input type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>EVP, Chief Legal Officer and Secretary</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: _____ <u>Two N. Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Member	Address: _____ <u>Two N. Riverside Plaza, Suite 800</u>
<input type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>
<input checked="" type="checkbox"/> Other <u>EVP, CFO and Treasurer</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ronald Bunce</u>	<input type="checkbox"/> Manager	Name: <u>Brett Hattel</u>
<input type="checkbox"/> Member	Address: _____ <u>Two N. Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Member	Address: _____ <u>Two N. Riverside Plaza, Suite 800</u>
<input type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Chicago, IL 60606</u>
<input checked="" type="checkbox"/> Other <u>Sr. Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Sr. Vice 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:  
  
 3FC9275B36C4471  
 Signature of an authorized person  
 David Eldersveld - Executive VP, Chief Legal Officer and Corporate Secretary  
 Typed or printed name of signer

1. Title: SENIOR VICE PRESIDENT  
WILKINS, DOUGLAS  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
2. Title: VP  
BUTLER II, DONALD EVERRETT  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
3. Title: VP  
MARTIN, STANLEY  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
4. Title: VP  
REGISTER, LESLIE  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606

2021 JUL -2 PM 3:08  
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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC RESORT AT TRANQUILITY LAKE, 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 THIRTIETH DAY OF JUNE, A.D. 2021.

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

FILED  
2021 JUL -2 PM 3:08  
JEFFREY W. BULLOCK, SECRETARY



  
Jeffrey W. Bullock, Secretary of State