

9/17/21, 3:32 PM

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.**

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TALLAHASSEE, FL

**Foreign Limited Liability Company**  
**MHC Lake Village II, L.L.C.**

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

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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MHC Lake Village 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. \_\_\_\_\_  
(F.I. 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  
(Street Address of Principal Office)

6. TWO N. RIVERSIDE PLAZA, SUITE 800  
(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: C T Corporation System  
(Registered agent's signature)

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TALLAHASSEE, FL

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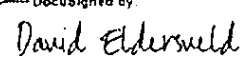
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: _____	<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 N. Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>
Person	<u>Chicago, IL 60606</u>	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: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>	<input type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>
Person	<u>Chicago, IL 60606</u>	Person	<u>Chicago, IL 60606</u>
<input checked="" type="checkbox"/> Other <u>EVP, CFO and Treasurer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President and CEO</u>	<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: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>	<input checked="" type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>
Person	<u>Chicago, IL 60606</u>	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:  
  
 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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC LAKE VILLAGE 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



6240099 8300

SR# 20213274965

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204185154

Date: 09-17-21