

Division of Corporations

Florida Department of
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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09/14/2021

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 290-3335
Fax Number : (954) 203-0845

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 Pine Lakes II, L.L.C.

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

2021 SEP 24 PM 12:03

TALLAHASSEE, FLORIDA

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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 Pine Lakes 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.T. 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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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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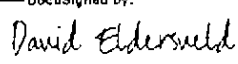
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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 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:

 3FC9272836C44F1
 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

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2021 SEP 14 PM 4:11
ALABAMA STATE COURT

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC PINE LAKES 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

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ALLAHABAD, INDIA



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SR# 20213240668

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 204153598

Date: 09-14-21