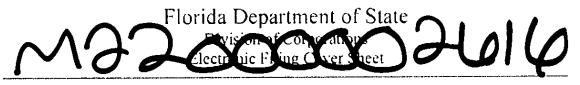
Division of Corporations



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.

(((H22000056908 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number

Please honor original date 02/11/2022

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 Cottage Grove MHC Associates LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

Please honor original date 02/11/2022

FEB 1 8 2022

K. Brumbley

Page: 3 of 5

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

IN COMPLIANCE WITH SECTION (05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Fk	anda. The	alternate name must include "Limited Lisb	oility Company," "L. L.C," or	LLC.
Delaware		3	87-4282324		
Ourisdiction under the law of which foreign limited liability company is organized:		٥.	(EEI number, if applicable)		
	(Date first ininsacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ)	registration ne penalty	il) liability)	 -	
31200 Northwestern Highway		6	31200 Northwestern Highwa)	
ect Address of Principal Office)		0.	6. (Mailing Address)		
Farmington Hills, MI			Farmington Hills, MI 48334		_
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	2022 F	
	C'T Corporation System			FEB 11	FILE
Name:				70	0
Name: Office Address:	1200 South Pine Island Road			PH 3:	-

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.

Stephanie Hencz By. Stephense Working (Registered agent's signature) **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:	Title or Capacity:	Name and Address:
∐Manager	Name: Cottage Grove JV LLC	Manager	Name: Ross H. Partrich
☑ Member	Address: 31200 Northwestern Highway	□Member	Address: 31200 Northwestern Highway
□Authorized	Farmington Hills, MI 48334	 Authorized	Farmington Hills, MI 48334
Person		Person	
COther	□Other	Other	
□ Manager	Name:	<u> </u>	Name: Katherine L. Hammers
□ Member	Address:	□Member	Address: Honigman LLP
C. Authorized			39400 Woodward Ave., Suite 101
Person		Person	Bloomfield Hills, MI 48304
□Other	□Other	□Other	Other
□Manager	Name:	∐Manager	Name:
□ Member	Address:	_Member	Address:
□Authorized		Authorized	
Person		Person	
C.Other	□Other	□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.

Katheria L. Hammers				
Signature of an authorized person				
Katherine L. Hammers, Authorized Person				
Pened or printed name of signee				

Page: 5 of 5



Page 1

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

DELAWARE, DO HEREBY CERTIFY "COTTAGE GROVE MHC ASSOCIATES 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 ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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

at corp.delaware.gov/authv

Authentication: 202642131

Date: 02-11-22