

M220000013817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

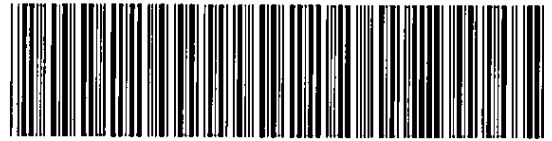
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. ROBERTS

SEP - 6 2022

## CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 09/06/2022

Acc#120160000072

*W: C D W*

Name:	MHC Fort Myers RV Expansion, L.L.C.
Document #:	
Order #:	14516084

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MHC Fort Myers RV Expansion, L.L.C.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JO FIGUEROA

Name of Person

EQUITY LIFESTYLE PROPERTIES, INC.

Firm/Company

TWO N. RIVERSIDE PLAZA, SUITE 800

Address

CHICAGO, IL 60606

City/State and Zip Code

JO\_FIGUEROA@EQUITYLIFESTYLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JO FIGUEROA

312

279-1670

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 Fort Myers RV Expansion, 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. 85-3959141  
(FEI number, if applicable)

4. December 4, 2020  
(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)

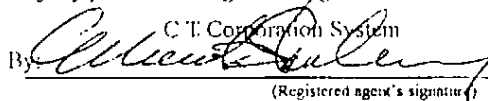
Name: C T Corporation System

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)

Mark Holloway, Asst. Secretary

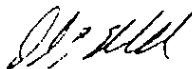
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: _____	<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</u>	<input type="checkbox"/> Other _____
		<u>and Secretary</u>	
<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 and CFO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President &amp; CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ronald Bunce</u>	<input type="checkbox"/> Manager	Name: <u>Darrin Forbes</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>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>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.



Signature of an authorized person

David Eldersveld - EVP, Chief Legal Office and 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  
FORBES, DARRIN  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
5. Title: VP  
CLEMMEY, MONSIE  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606

# Delaware


The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MHC FORT MYERS RV EXPANSION, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State