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Name:	MCARTHU	JR COTTAGE, L.L.C.	
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COVER LETTER

TO:

Registration Section

	McArthur Cottage, L.L.C.				
CT:					
an ad		Company for Authorization to Transact Business in Florida," Ce			
		referenced foreign limited liability company to transact business			
turn	all correspondence concerning this matter	to the following:			
	Susan Long				
		Name of Person			
	Reyes Holdings, L.L.C.				
	VPAPET 11779 - 1220 - 1	Firm/Company			
	6250 N. River Road, Suite 9000				
		Address			
	Rosemont, Illinois 60018				
		City/State and Zip Code			
	slong2@reyesholdings.com				
		e used for future annual report notification)			
ner in	formation concerning this matter, please co	all:			
Sus	an Long	847 227-6500 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ling Address: gistration Section	Street Address: Registration Section			
-	rision of Corporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tal	Jahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: see make check payable to: FLORIDA DE 125.00 Filing Fee				

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 HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. McArthur Cottage, L.L.	.C.			. <u>.</u>		
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company," "L.1. C.," or "LI.C.	`)		
II name unavailable, enter alternate n	name adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited	Liability Compar	у." "L.L.C."	or "Li.
Delaware			88-3706739			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI nu	mber, if applicable	e)	 -
n/a 4.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty	i) liability)			
777 S. Flagler Drive, Suite 1500,			6250 N. River Road, Suite			
Street Address of Principal Office)		0.	(Mailing Address)			
West Palm Beach, Florida 33401			Rosemont, Illinois 60018			
				₹	1022	
				- ± ±	_ <u>\$</u> _	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9 P	FILED
Name:	C T Corporation System	. <u>.</u>		, F. O	PM 12: 07	
Office Address:	1200 South Pine Island Road			<u>ت</u> ۳	J	
	Plantation		33324 , Florida			
	(City)	<u>-</u>	(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: Michele Miller, 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: __ Ronald J. Spiotta ■ Manager Manager Name: _____ Address: _____ Address: ______ □Member ☐Member 6250 N. River Road, Ste 9000 □Authorized □ Authorized Rosemont, Illinois 60018 Person Person □Other_____ □Other____ □Other_____ □Other_____ Name: _____ □Manager Name: _____ □Manager Address: ______ Address: □Member ■ Member □ Authorized ☐ Authorized Person Person □Other_____ Other____ □Other_____ □Other_____ Name: _____ Name: _____ □Manager □Manager □ Member Address: □ Member Address: _____ □ Authorized ☐ Authorized Person Person □Other_____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 thi/d degree felony as provided for in s.817.155, F.S. Signature of an authorized person Ronald J. Spiotta Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MCARTHUR COTTAGE, 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 NINTH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 204354870

Date: 09-09-22