

M230000000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

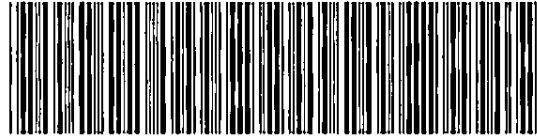
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

APPROVED
AND
FILED

2022 DEC 29 AM 9:56

2022 DEC 29 AM 10:45

TALLAHASSEE, FLORIDA

STATE OF FLORIDA

JAN 06 2023

K. Brumley

W22-244

80

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/29/2022
Acc#120160000072

en: c SW

Name:	MHC Forest Lake Estates Expansion, L.L.C.
Document #:	
Order #:	14692523

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"/>

Email Address for Annual Report Notifications

JO_FIGUEROA@EQUITYLIFESTYLE.COM

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

Amount: \$ 1071.25

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: MHC FOREST LAKE ESTATES EXPANSION, L.L.C.
Ref. Number: W23000000244

We have received your document for MHC FOREST LAKE ESTATES EXPANSION, L.L.C. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

STANTON H ROBERTS
Regulatory Specialist II

Letter Number: 423A00000081

70

2023 JAN -5 AM 10:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MHC Forest Lake Estates 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. MHIC Forest Lake Estates 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.

(FEI number, if applicable)

4. August 8, 2019

(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)

CHICAGO, IL 60606

6. TWO N. RIVERSIDE PLAZA, SUITE 800

(Mailing Address)

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

(City)

Florida

33324

(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: Mark Holloway
C T Corporation System

(Registered agent's signature)

Mark Holloway, Asst. Secretary

APPROVED
AND
FILED
2022 DEC 29 AM 10:45
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

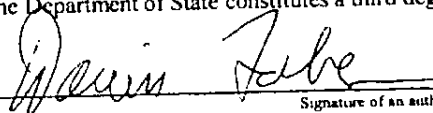
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: MHC Operating Limited Partnership	<input type="checkbox"/> Manager	Name: David Eldersveld
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Two N. Riverside Plaza, Suite 800	<input type="checkbox"/> Authorized	Two N. Riverside Plaza, Suite 800
Person	Chicago, IL 60606	Person	Chicago, IL 60606
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other	EVP, Chief Legal Officer and Secretary <input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Paul Seavey	<input type="checkbox"/> Manager	Name: Marguerite Nader
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Two N. Riverside Plaza, Suite 800	<input type="checkbox"/> Authorized	Two N. Riverside Plaza, Suite 800
Person	Chicago, IL 60606	Person	Chicago, IL 60606
<input checked="" type="checkbox"/> Other	EVP and CFO <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other	President & CEO <input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Ronald Bunce	<input type="checkbox"/> Manager	Name: Darrin Forbes
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Two N. Riverside Plaza, Suite 800	<input type="checkbox"/> Authorized	Two N. Riverside Plaza, Suite 800
Person	Chicago, IL 60606	Person	Chicago, IL 60606
<input checked="" type="checkbox"/> Other	Vice President <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other	Vice President <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
 Darrin Forbes - Vice President

 Typed or printed name of signee

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
GREGORY, JOHN
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

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MHC FOREST LAKE ESTATES 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-SECOND DAY OF DECEMBER, A.D.
2022.

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



7553307 8300

SR# 20224349630

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205167662

Date: 12-22-22