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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 BRIDGEPORT JV LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |

O 02/16/2023 12:56 PM 14154847068 → 18506176383 pg 2 of 4

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

IN COMPLIANCE WITH SECTION 608,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| MHC BRIDGEF | PORT JV LLC Limited Liability Company, must include "L | imusal Liebilis | (Company and Company) | | |
|---|--|---|--|--------------------|--|
| (Mattle of Foreign | Emilies Etablity Company, sides include 1, | mined Daville | y company, E.E.C., Of EEC. 1 | | |
| name unavailable, enter alternate i | same adopted for the purpose of transacting business | s in Florids, The | alternate name must include "Limited Lisbelity Company," " | L.L.C," or "LLC.") | |
| Delaware | | 1 | | | |
| (Jurisdiction under the law of which foreign limited liability company is organic | | <u> </u> | (FEI number, if applicable) | | |
| | | | | | |
| | (Date first transacted business in Horids, if pr (See sections 605,0904 & 605,0905, P.S. to d | ior to registration etermine penalty | L) liability) | | |
| c/o MHCommero | ial Real Estate Fund II LLC | 6. | c/o MHCommercial Real Estate | e Fund II LL | |
| 1601 Forum Place | e. Suite 700 | | 1601 Forum Place, Suite 700 | ,, - | |
| West Palm Beach | , FL 33401 | | West Palm Beach, FL 33401 | () | |
| Name and street addres | s of Florida registered agent: (P.O. | Box NOT | acceptable) | 7.7 | |
| | <u> </u> | | • | - ' | |
| Name: | Corporate Creations Netw | ork Inc. | | | |
| Office Address: | 801 US Highway 1 | | | | |
| | North Palm Beach | | Florida 33408 | | |
| | (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.

| /s/ Caitlin Lazarus | Caitlin Lazarus, Special Secretary |
|---------------------|------------------------------------|
| (Remsteree | d apera's signature) |

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 Capacit | <u>y:</u> | Name and Address: |
|--------------------|--------------------------------------|-----------------------|-----------|-------------------|
| □Manager | Name: MHCOMMERCIAL REAL ESTATE I | FUND ILLLC Manager | Name: | |
| ₩Member | Address: 1601 Forum Place, Suite 700 | □Member | Address: | |
| □Authorized | West Palm Beach, FL 33401 | □Authorized | | |
| Person | | Person | | |
| □Other | □Other | □ Other | | Other |
| ∏Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | ☐Authorized | | 200 |
| Person | | Person | | |
| Other | Other | □Other | | Other |
| | | | | <u>~:</u> |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | ☐ Authorized | | |
| Person | | Person | | |
| Other | | 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 third degree felony as provided for in s 817.155, F.S.

| /s/ Caitlin Lazarus |
|-----------------------------------|
| Signature of an authorized person |
| Caitlin Lazarus, Attorney-in-Fact |
| Typed or orinted name of name: |



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

DELAWARE, DO HEREBY CERTIFY "MHC BRIDGEPORT JV 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC BRIDGEPORT

JV LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2022.

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





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SR# 20230545693

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

Johny W. Balack, Encretary of State

Authentication: 202726077

Date: 02-16-23