

M23000007317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

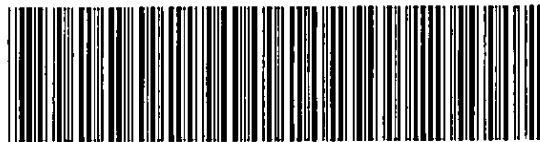
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 06/06/2023

Acc#I20160000072

en: L DW

| | |
|-------------|----------------------------------|
| Name: | MHC PINE LAKES EXPANSION, L.L.C. |
| Document #: | |
| Order #: | 14964461 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| 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: | |
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| | | |
|---|--|---|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> | Email Address for Annual Report Notifications: <div></div> |
| | 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: MHIC Pine Lakes 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
at ()

279-1670

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 Pine Lakes 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. June 23, 2022

(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)

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TALLAHASSEE, FL

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.

C T Corporation System
By: /s/ James Martin James Martin, Asst. Secretary
(Registered agent's signature)

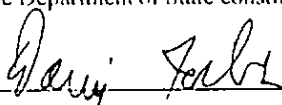
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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 and Secretary</u> | <input type="checkbox"/> Other _____ |
| <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 & CEO</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Donald Everett Butler II</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>Sr. Vice President</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Vice 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

Darrin Forbes - Vice President

Typed or printed name of signer

1. Title: SENIOR VICE PRESIDENT
BUNCE, RONALD
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
2. Title: VP
MARTIN, STANLEY
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
3. Title: VP
GREGORY, JOHN
TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606
4. 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 PINE LAKES 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 FIRST DAY OF JUNE, A.D. 2023.

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



6875536 8300

SR# 20232614019

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203461349

Date: 06-01-23