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Division of Corporations

Florida Department of State  
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Account Name : C T CORPORATION SYSTEM  
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Email Address: smcmaster@taftlaw.com

**Foreign Limited Liability Company  
SUN ASSIGNMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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. Sun Assignment, LLC  
(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. Michigan 3. 81-2444793  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 27777 Franklin Rd, Ste 300 6. 27777 Franklin Rd, Ste 300  
(Street Address of Principal Office) (Mailing Address)  
Southfield, MI 48034 Southfield, MI 48034

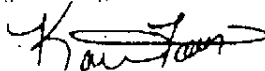
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Registered Agents, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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**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.*

  
(Registered agent's signature)

Kaity Toon, 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]:

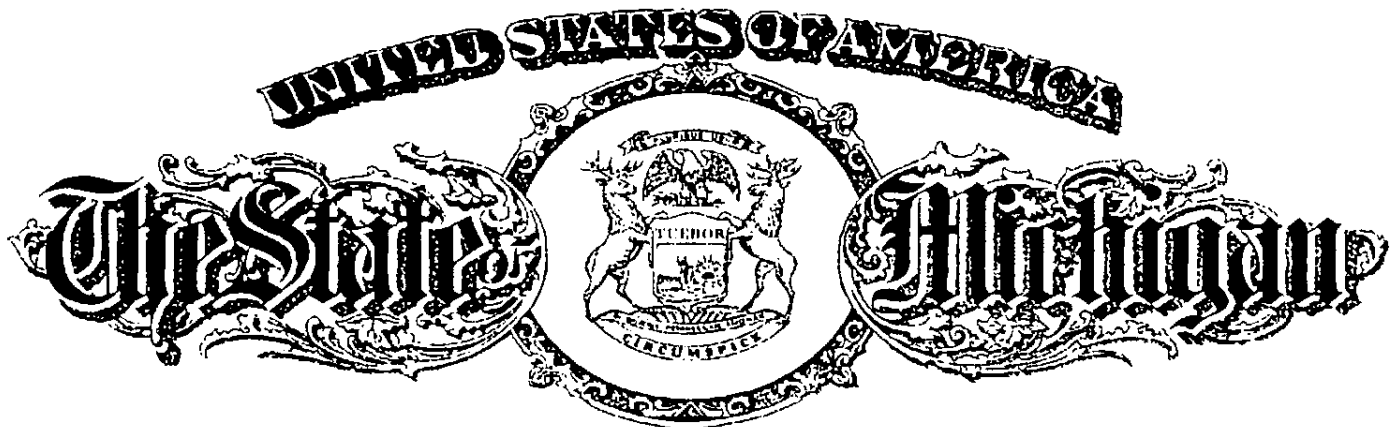
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Sun Communities Operating</u>	<input type="checkbox"/> Manager	Name: <u>Fernando Castro-Caratini</u>
<input checked="" type="checkbox"/> Member	Address: <u>Limited Partnership</u>	<input type="checkbox"/> Member	Address: <u>27777 Franklin Rd, Ste 300</u>
<input type="checkbox"/> Authorized	<u>27777 Franklin Rd, Ste 300</u>	<input checked="" type="checkbox"/> Authorized	<u>Southfield, MI 48034</u>
Person	<u>Southfield, MI 48034</u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Bruce Thelen</u>	<input type="checkbox"/> Manager	Name: <u>Gary A. Shiffman</u>
<input type="checkbox"/> Member	Address: <u>27777 Franklin Rd, Ste 300</u>	<input type="checkbox"/> Member	Address: <u>27777 Franklin Rd, Ste 300</u>
<input checked="" type="checkbox"/> Authorized	<u>Southfield, MI 48034</u>	<input checked="" type="checkbox"/> Authorized	<u>Southfield, MI 48034</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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.

DocuSigned by:  
  
 Signature of an authorized person  
 B2608E90FF2B4D9...  
 Brenda R. Yates for Sun Communities Operating Limited Partnership, AMBR  
 Typed or printed name of signer



*This is to Certify That*

**SUN ASSIGNMENT, LLC**

*was validly authorized on April 21, 2016, as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



*Sent by electronic transmission*

Certificate Number: 23060089109

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 5th day of June, 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau