

## Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JO\_FIGUEROA@EQUITYLIFESTYLE.COM

## Foreign Limited Liability Company

MHC WOS EXP II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2024 APR 12 AM 9:07

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

7/8

2024 APR 12 PM 3:01

3:01

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MHC WOS EXP II, 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. N/A

(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: CT 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.

CT Corporation System

By:

(Registered agent's signature)

Kaity Toon, Asst. Secretary

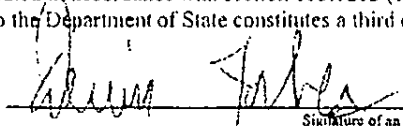
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>MHC Operating Limited Partnership</u>	<input type="checkbox"/> Manager	Name: <u>David Eldersveld</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>	<input checked="" 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 type="checkbox"/> Other _____	<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 checked="" type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>	<input checked="" 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 type="checkbox"/> Other _____	<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 checked="" type="checkbox"/> Authorized	<u>Two N. Riverside Plaza, Suite 800</u>	<input checked="" 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 type="checkbox"/> Other _____	<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: Authorized Person  
BUNCE, RONALD  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
2. Title: Authorized Person  
HATTEL, BRETT  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
3. Title: Authorized Person  
MARTIN, STANLEY  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
4. Title: Authorized Person  
GREGORY, JOHN  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
5. Title: Authorized Person  
CLEMMEY, MONSIE  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
6. Title: Authorized Person  
MERKLE, JONATHAN  
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 WOS EXP II, 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 TWELFTH DAY OF MARCH, A.D. 2024.

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



6821070 8300

SR# 20240977234

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 203006351

Date: 03-12-24