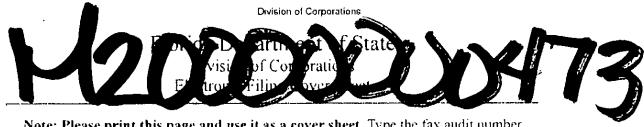
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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## Foreign Limited Liability Company SLII Naples Manager, LLC

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

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JAN 1 3 2020

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SLH Naples Manager, 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 "Linated Liability Company," "L L C," or "LLC.") (furisdaction under the law of which foreign limited liability company is organized) January 9, 2020 (Date first transacted business in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 303 E. Wacker Drive, Suite 2400 303 E. Wacker Drive, Suite 2400 6. (Mailing Address) 5. (Street Address of Principal Office) Chicago, 1L 60601 Chicago, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida (City) 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. Kimberly Laughrey,

Assistant Secretary

C T Corporation System

(Rogistered agent's signature)

By:

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: Name: Stephen J. Levy	Title or Capacity:	Name and Address: Name: Jerrold Franco
⊠Manager □Member □Authorized	Address: 303 E. Whoker Drive, Suite 2400 Chicago, H. 60601	Member Address: 303 E. Wacker Drive, Suite 2400  Chicago, H. 60601	
Person	Other	Person  Other	()ther
Manager  Member  Authorized  Person  Other	Name: William B. Kaplan  303 E. Wicker Drive, Suite 2400  Chicago, H. 60601		Name:    Jon DeLuca     Address:   3/3 E. Wacker Drive, Some 24(8)     Chicago, IL 60601     Other.
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	Manager  Member  Authorized  Person  Other	Name:

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.

	Simulated as maintaced fathers
Stephen J. Levy	
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File Number

0837413-9



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SLH NAPLES MANAGER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 02, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of JANUARY

Authentication #: 2000702328 verifiable until 01/07/2021 Authenticate at, http://www.cyberdriveillinois.com