

Division of Corporations

**M210000266043**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210000266043))



H210000266043AECV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000030023  
 Phone : (614) 280-3338  
 Fax Number : (954) 203-0845

2021 JAN 20 PM 4: 44  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
**FILED**

\*\*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 Terra Ceia Expansion, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED  
 2021 JAN 20 PM 4: 28

Electronic Filing Menu    Corporate Filing Menu    Help

US  
 1/21/21

DocuSign Envelope ID: 4E531C37-3F71-4EBA-ADF9-BC5BFA289E9C

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 Terra Ceia 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. 85-3171967 (EIN number, if applicable)

4. (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, Florida 33324

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.

By: [Signature] C T Corporation System Mark Holloway, Asst. Sec.

FILED 2021 JAN 20 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FL

DocuSign Envelope ID: 4E631C37-3F71-4EBA-ADF9-BC5BFA289E9C

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]:

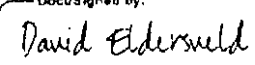
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: SEE ATTACHED LIST	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**FILED**  
 2021 JAN 20 PM 4:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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:  
  
 3FC927C836C44F1 \_\_\_\_\_  
 Signature of an authorized person

David Eldersveld - Executive VP, General Counsel and Corporate Secretary  
 \_\_\_\_\_  
 Typed or printed name of signer

- 1. Title: MEMBER  
MHC OPERATING LIMITED PARTNERSHIP  
TWO NORTH RIVERSIDE PLAZA, SUITE 800 ✓  
CHICAGO, IL 60606
- 2. Title: Executive Vice President, General Counsel and Secretary ✓  
ELDERSVELD, DAVID  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 3. Title: Executive Vice President, CFO and Treasurer  
SEAVEY, PAUL ✓  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 4. Title: CEO, President  
NADER, MARGUERITE ✓  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 5. Title: SENIOR VICE PRESIDENT  
BUNCE, RONALD ✓  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 6. Title: SENIOR VICE PRESIDENT  
HATTEL, BRETT ✓  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 7. Title: SENIOR VICE PRESIDENT  
WILKINS, DOUGLAS  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 8. Title: VP  
BUTLER II, DONALD EVERRETT  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 9. Title: VP  
MARTIN, STANLEY  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606
- 10. Title: VP  
REGISTER, LESLIE  
TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606

FILED  
 2021 JAN 20 PM 4:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHC TERRA CEIA 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 TWENTIETH DAY OF JANUARY, A.D. 2021.

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

FILED  
2021 JAN 20 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3708322 8300

SR# 20210163661

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

Authentication: 202323654

Date: 01-20-21