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THE STATE OF THE STATE

2022 JAN 13 AM 10: 13

Foreign Limited Liability Company SLII HTI EAST MANAGER, LLC

Certificate of Status	Ü
Certified Copy	[[
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. HAWKES

JAN = 2021

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

IN COMPLIANCE WITH SPCTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

1. SLH HTT East Manager, LLC

	name adopted for the purpose of transacting business in Fl	(-)(m) DE 6-			ĺ
inois		3	applied for		_
(Jurisdiction under the law of which foreign braned liability company is organized)		3.	(FLi number, if applicable)		_
upon filing					
	(Date first immeacted business in Florids, if prior to (See sections 605 0904 & 603 0901, F.S. to determine	registration, ne penaky i	ability)		
303 E. Wacker Drive,	Suite 2400	6	303 E. Wacker Drive, Suite 2400		
et Address of Principal Office)		U	(Mailing Address)		-
Chicago, II. 60601			Thicago, IL 60601		
		-			
		-			
ht	ss of Florida registered agent: (P.O. Box	NOTa	weotable)		
rank and succe acore	33 Or Fronting registered agents (170) per		· · · · · · · · · · · · · · · · · · ·	•	(4)
	C T Corporation System				
Name:	The state of the s				<u></u>
	1200 South Pine Island Road			• •	
Office Address:	1200 South Fire Island Road				
Office Address:	Plantation		33324		9
Office Address:			33324 , Florida	SIAI SPL	11:6 HV

To: +18506176383

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:	Title or Capacity:	Name and Address:
⊠Manager	Name: Stephen J. Levy	⊒Manager	Name:
□Member	Address:	□Meniber	Address:
□Authorized	303 E. Wacker Drive, Suite 2400	□ Authorized	303 E. Wacker Drive, Suite 2400
Person	Chicago, IL 60601	Person	Chicago, IL 60601
□Other	[]Other	□Other	□Other
	Name: William B. Kaplan	™ Manager	Name: Jon Deluca
∐Member	Address:	□Member	Address:
□Authorized	303 E. Wacker Drive, Suite 2400	□Authorized	303 E. Wacker Drive, Suite 2400
Person	Chicago, 1L 60601	Person	Chicago, 11, 60601
□Other	Other	⊡Other	□Other
□Manager	Name:	□ Manager,	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	[]Other	Other	□Other

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.

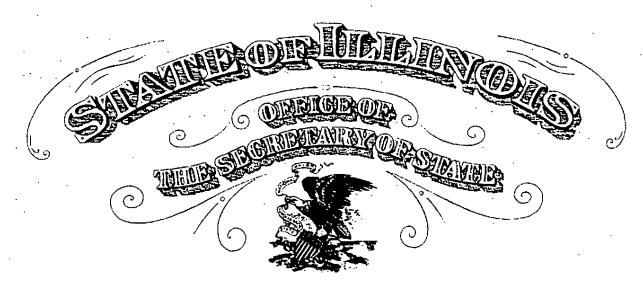
Signa by good a subscript de son				
Stephen J. Levy				

From: James Tanks III

File Number

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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

SLIFHTE EAST MANAGER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 06, 2022, 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 12TH day of JANUARY

Authentication #: 2201201906 verifiable until 01/12/2023

Authenticate at. http://www.ilsos.gov