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|---------------------|-----------------------------|---------------------------------------------------------|------------------|-----------------|---------|-------------|-------------|
| DATE:<br>01/16/2014 | DOCUMENT ID<br>201401600246 | DESCRIPTION<br>REG. OF FOR. PROFIT LIM. LIAB. CO. (LFP) | FILING<br>125.00 | EXPED<br>100.00 | PENALTY | CERT<br>.00 | COPY<br>.00 |
|---------------------|-----------------------------|---------------------------------------------------------|------------------|-----------------|---------|-------------|-------------|

**Receipt**

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM  
ATTN: JAMES H TANKS III  
4400 EASTON COMMONS WAY, SUITE 125  
COLUMBUS, OH 43219

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****2260319**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**UMH OH BUCKEYE II, LLC**

and, that said business records show the filing and recording of:

Document(s)

**REG. OF FOR. PROFIT LIM. LIAB. CO.**

Document No(s):

**201401600246****Effective Date: 01/15/2014**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 16th day of January,  
A.D. 2014.

Ohio Secretary of State



Form 533B Prescribed by:  
Ohio Secretary of State

**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

## Registration of a Foreign Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

- (1) ☒ Registration of a Foreign For-Profit Limited Liability Company  
(106-LFA)  
ORC 1705

Jurisdiction of Formation

Date of Formation

- (2) ☐ Registration of a Foreign Nonprofit Limited Liability Company  
(106-LFA)  
ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CT Corporation System

Name

1300 East 9th Street

Mailing Address

Cleveland

City

Ohio

State

44114

ZIP Code

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

United Mobile Homes of Ohio, Inc. (sole member)

Signature

*Anna T. Chew, VP*

By (if applicable)

Anna T. Chew

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name