

			F GOOD STANDING	evision Date 07/201
Pursuant to the provi	_	OMESTIC LIMITED LIABIL 1993, the undersigned limite	TY COMPANY In the distribution of the following the state of the stat	ng Certificate:
1. The identification num	nber assigned by the Bureau is:		801576300	
2. The name of the limited liability company is:			HILLTOP MHP LLC	^
				V
(P.O. Boxes are not acc		ted liability company and t	ne name of the resident agent at the re	gistered office
Agent Name:	FRANK ARCORI			
2. Street Address:	950 S OLD WOODWARD AVE			
Apt/Suite/Other:	SUITE 220			
City:	BIRMINGHAM			
State:	MI	Zip Code	48009	
Registered Office Mailing	g Address:			
P.O. Box or Street Address:	950 S OLD WOODWARD AVE			
Apt/Suite/Other:	SUITE 220			
City:	BIRMINGHAM			
State:	MI	Zip Code	: 48009	
	ompany states that the certificat ents were not filed and fees were		nnual statements and applicable fees fo	r all of the
Effective Date:	02/14/2024			
This document must be	signed by a member, manager, o	or an authorized agent:		
Signed this 14th Day of				
Signature		Title	Title if "Other" was se	lected
-		Member		
Frank Arcori		Wichibei		

that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

j Decline jm Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF RESTORATION OF GOOD STANDING

for

HILLTOP MHP LLC

ID Number: 801576300

received by electronic transmission on February 14, 2024 , is hereby endorsed.

Filed on February 27, 2024 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 27th day of February, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau