## A210000006612

(Requestor's Name)
(Address)
(Address)
,
(Civ. (Civ.) - (Ziv. (D))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

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APPROYEU AND FILED

ALLAHASSEE, I Co.

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nec 01 **2021** K. Brumbley

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXX Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED  TOTAL OWED \$1,000.00  ACCOUNT #: 120160000072	DATE 11/30/20	<u></u>				⇔WALK IN*
DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXX	FNTITV NAME	OHOME EQUITY PA	RTNERS LIMITE	ED PARTNER	SHIP	WALK IV
Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certificate Of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED  TOTAL OWED \$1,000.00  ACCOUNT #: 120160000072	LNIII NAME					
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Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certificate Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED  TOTAL OWED \$1,000.00  ACCOUNT #: 120160000072	xxxx	Plain Copy				
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED  TOTAL OWED \$1,000.00  ACCOUNT #: 120160000072		. Certified Copy				
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Please call Tina at the above number for any issues or concerns. Thank you so much!	Planes call T	ing at the chair winhar	u kou our icouse		•	wa. 6 /

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Ohome Equity Partners Limited Partnership 1. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable to Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
2. 227 Ada Ave., Unit B	
(Street address of initial designated office)	<del></del>
Mountain View, CA 94043	
3. Brent Green	
(Name of Registered Agent for Service of Process)	
4. <sup>23781</sup> U.S. Hwy. 27, Ste. 210	
(Florida street address for Registered Agent)	
Lake Wales, FL 33859-7802	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a with the provisions of all statutes relative to the proper and complete performance of my duties, and with and accept the obligations of my position as registered agent.  Signature of Registered Agent	
227 Ada Ave., Unit B	
(Mailing address of initial designated office)	
Mountain View, CA 94043	

Page 1 of 2

7. If limited partnership elects to be a limited liability limited partnership, check box  $\square$ .

8. Name and business address o <u>Name:</u>	Business Address	<u>:</u>
Ohome Real Estate Group Corp	227 Ada Ave., Unit F	3
	Mountain View, CA	94043
	<del></del>	
Effective date, if other than the effective date cannot be prior to be Florida Department of State.) ote: If the date inserted in this bis date will not be listed as the date	nor more than 90 days after the	ble statutory filing requireme
Signed this	day of	,2021
gnature of each general partner: rein are true. I/We am/are aware partment of State constitutes a	e that any false information sub	mitted in a document to the
ome Real Estate Group Corp		
Zun Shi Wang		
in Shi Wang, its President		
		<del></del>