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SECREDARY OF STATE AND ANALYSES FLORIDA

COVER LETTER

TO:

BJECT:	OCALA HOMES LLC	
	Namo	e of Limited Liability Company
e enclosed stence, an	I "Application by Foreign Limited Liability Ond check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
se return	all correspondence concerning this matter to	o the following:
	Yi Li	
		Name of Person
	OCALA HOMES LLC	
	 ,	Firm/Company
	5114 Balcones Woods Dr, Ste307-334	
		Address
	Austin, TX 78759	
	C	ity/State and Zip Code
	yi@ufundinvestment.com	
	E-mail address: (to be	e used for future annual report notification)
r further is	nformation concerning this matter, please ca	II:
Yi Li		512 228-7953 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	closed is a check for the following amount: ase make check payable to: FLORIDA DEF	D. DTIAGNET OF CTATE

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OCALA HOMES LLC	limited Liability Company; must include "Li	mited Liability	v Company," "L.L.C.," or "L.L.C.")			
UFUND OCALA LLC			, ,			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business	s in Florida. The	alternate name must include "Limited Liab	ility Company,	""L.L.C," (or "LLC.")
STATE OF TEXAS 2.			86-1985893			
(Jurisdiction under the law of which foreign limited liability company is organized)		_	(FEI number	, if applicable)		
N/A 4.						
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to di	ior to registration etermine penalty	n) · isability)			
9600 Great Hills Trl, Suite 150W 5. (Street Address of Principal Office)		6.	5114 Balcones Woods Dr. St			
(Street Address of Principal Office)			(Mailing Address)			
Austin, TX 78759			Austin, TX 78759			
				TAL!	2022 HAR	
7. Name and street addres	s of Florida registered agent: (P.O.	Box <u>NOT</u>	acceptable)	AHASSEF.	HAR IL PM	
Name:	OCALA HOMES LLC		 	FLORI	8: 2	\bigcirc
Office Address:	13998 SW 79th TERRACE ROAI)		0 P	. 0	
	OCALA		34471 , Florida			
	(City)		(Zip code)			

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.

(Registered agent's signature)

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: Name and Address: Title or Capacity: Name: Xueying Wang Name: ___ □Manager □ Manager 5114 Balcones Woods Dr Address: __ 5114 Balsones Woods Dr Address: __ **■**Member ■ Member Ste 307-334 Stc 307-334 □ Authorized □ Authorized Austin, TX 78759 Austin, TX 78759 Person Person Other____ □Other ____ □Other _ ___ □Other____ UFUND MANAGER LLC Name: □Manager ■ Manager 9600 Great Hills Trl Address: _____ Address: _ □Member □Member Suite 150W □ Authorized □ Authorized Austin, TX 78759 Person Person □ Other_____ Other_ □Other_____ □Other____ Name: _____ □Manager □ Manager Address: ______ ☐ Member □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.

Typed or printed name of signee

Yi Li

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



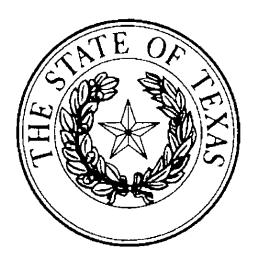
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ocala Homes LLC (file number 803931159), a Domestic Limited Liability Company (LLC), was filed in this office on February 08, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 03, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services