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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFF CAMPUS HOUSING INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carolina Rincon

Name of Person

Private Advising Group

Firm/Company

600 Brickell Ave, Suite 1725

Address

Miami, Florida 33131

City/State and Zip code

ines@pag.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Rincon

786

2921599

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. **OFF CAMPUS HOUSING INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MyRentHero INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

10.23.17

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

400 NW 26TH STREET MIAMI, FL 33127

(Principal office address)

400 NW 26TH STREET MIAMI, FL 33127

(Current mailing address, if different)

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Thomas Wenrich

Office Address: 400 NW 26TH STREET

MIAMI, Florida 33127
(City) (Zip code)

Registered agent's acceptance:

I, having been named as registered agent and to accept service of process for the above stated corporation 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.

Thomas Wenrich

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction of the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Director: Juan Pablo Cappello

Address: 400 NW 26TH STREET 33127

Miami, Florida

Director: Gregory Rothman

Address: 400 NW 26TH STREET 33127

Miami, Florida

Director: Thomas Wenrich

Address: 400 NW 26TH STREET 33127

Miami, Florida

B. OFFICERS

President: Gregory Rothman

Address: 400 NW 26TH STREET 33127

Vice President: _____

Address: _____

Secretary: Gregory Rothman

Address: 400 NW 26TH STREET 33127

Treasurer: Gregory Rothman

Address: 400 NW 26TH STREET 33127

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Thomas Wenrich

Signature of Director or Officer

I, the officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Thomas Wenrich

(Typed or printed name and capacity of person signing application)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OFF CAMPUS HOUSING INC" IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D.
2017.



6588815 8300

SR# 20176810717

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203470830

Date: 10-26-17