Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000316180 3)))



H240003161803ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (614)573-3996

कुट्टिEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: accounting@housingconnector.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Housing Connector Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78,75 |

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| | | is a corporate suffix by a nonprofit corporation ne adopted for the purpose of transacting busin | <u> </u> |
|-----------------------|--|---|-----------------------|
| (ti name unava | made in Piorida, enter atternate corporate nan | te adopted for the purpose of transacting busin | ess in riorida) |
| . WA | | 3. 84-2100263 | |
| (State or cou | try under the law of which it is incorporated) | 3. 84-2100263 (FEI number, if applicable) | |
| 5/21/2019 | S | Perpetual (Date of duration, if other than pe | |
| | | | |
| (Date first cond | ucted affairs in Florida if prior to registration. Sec | e sections 617.1501 & 617.1502, F.S. to determi | ne penaln siahility.) |
| 1301 5th | Ave suite 1500 Seattle WA 98101 | |)24 |
| · | | ice street address) | _n |
| | · | | |
| | (Current mailing | address, if different) | |
| - 1 | • | , | FI 12: 27 |
| | that does work for Housing Connector in - | | رة رة |
| (Purposets) of | orida working from Florida but only supported in home state or country | of this page in the state of Blaside | <u></u> |
| trorbose(s) or o | corporation audiorized in nome state or country | y to be carried out in the state of Prorida) | , 7 |
| | | | |
| | eet address of Florida registered agent: (P. | O. Box NOT acceptable) | |
| . Name and <u>str</u> | | O. Box <u>NOT</u> acceptable) | |
| . Name and <u>str</u> | | O. Box <u>NOT</u> acceptable) | |
| . Name and <u>str</u> | C T Corporation System 1200 South Pine Island Road | | |
| . Name and <u>str</u> | C T Corporation System 1200 South Pine Island Road | O. Box NOT acceptable) Florida 3.3324 (Zip Code) | |

11. 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 under the law of which it is incorporated.

To: Page: 4 of 5 2024-09-17 09:18:55 CST 12122023573 From: David Thomas

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTOR | RS | | | | | |
|-------------------------------|--------------------------------|---|-------------------------|----------------------|-------------------------|--|
| x Chairman | Name: Samantha Tripoli- Zillow | | □ Chairman | Name: Ro | tobin Koskey | |
| □ Vice Chairman | Address: _ | 1301 5th ave suite 1500 | □Vice Chairman | Address: | 1301 5th ave suite 1500 | |
| □Director | | Seattle WA 98101 | □Director | | Seattle WA 98101 | |
| □ President | | | □ President | | | |
| □ Vice President | | | □Vice President | | | |
| ☐ Secretary | | □Treasurer | x Secretary | ☐ Freasurer ☐ Other: | | |
| ☐ Other: | | ☐ Other: | | | | |
| Chairman | Name: | Oliver Rothschild- DRK Foundation | ⊡Chairman | Name: _ | Orphe Divounguy- Zillow | |
| □ Vice Chairman | Address: _ | 1301 5th ave suite 1500 | □Vice Chairman | | 1301 5th ave suite 1500 | |
| x Director | Scattle WA 98101 | □Director | | Seattle WA 98101 | | |
| ☐ President | | | □ President | | | |
| □Vice President | | | ☐ Vice President | | | |
| ☐Secretary ☐Other: | | ☐ Treasurer | □Secretary | | □x Treasurer | |
| | | ☐ Other: | □Other: | | ☐Other: | |
| □ Chairman | W Name: | filliam Shadbolt- Broad Reach Mgmt. | □Chairman | P Name: | earl Leung- Amazon | |
| □ Vice Chairman x Director | Address: _ | 1301 5th ave suite 1500 | □ Address: | _ | 1301 5th ave suite 1500 | |
| | Seattle WA 98101 | | x Vice Chair | | Scattle WA 98101 | |
| □President | | | □l'resident | | | |
| □ Vice President | | | □ Vice President | | | |
| ☐ Secretary | | □Treasurer | ☐ Secretary | | C Treasure: | |
| □Other: ——— | | ☐ Other: | □Other: | | GOther: | |
| | viduals may کے کے | be an attachment to report more than sibe added to the index when filing you of Chairman, Vice Chairman, or any | r Florida Department o | f State And | nual Report form. | |
| 14. | , | | Pearl Leung-Ama | izon, Vic | · · · · · · | |
| | (1) | ped or printed name and capacity of p | erson signing applicati | on) | | |

- DECEMBER



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its scal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HOUSING CONNECTOR

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/21/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/05/2024 UBI Number: 604 395 783

R Hohire



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued 102/05/2024

