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FILING COVER ACCT. #FCA-14	SHEET						
CONTACT:	RICKY SO	го					
DATE:	10/31/2012						
REF. #:	001495.1751	<u>59</u>					
CORP. NAME:	RP NEWCO	O V LLC					
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() ANNUAL REPORT (XX) FOREIGN QUALIF	ICATION	() TRADEMARK/SE () LIMITED PARTN		() LIMITED LIABILITY			
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STATE FEES PI	REPAID W	ІТН СНЕСК# <u>10</u>	<u>1843</u> FOR \$ <u>15</u>	<u>5.00</u>			
AUTHORIZATI	ON FOR A	CCOUNT IF TO	BE DEBITEI) :			
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Examiner's Initials



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FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE
TALLARIASSEE, FLORIDA

November 1, 2012

CORPDIRECT AGENTS, INC.

SUBJECT: RP NEWCO V LC Ref. Number: W12000055733

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

We have received your document for RP NEWCO V LC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Manager or Managing Member in #9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 212A00026680

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
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PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

10/31/12

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company;" "L.L.C," "LLC.") 3 45-3515942 (Jurisdiction under the law of which foreign limited liability FEI number, if applicable) company is organized) 4 09/23/2011 Perpetual (Duration: Year limited liability company will cease (Date of Organization) 6. Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 4000 International Parkway, Carrollton, Texas 75007 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: RealPage, Inc.-Sole Member 4000 International Parkway, Carrollton, TX 75007 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: A provider of software as a service to assisted living facilities. Signature of a member of an authorized representative of a member. (In accordance will section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of penalty that the facis stated herein are true. 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.) James W. Harrison, VP and Secretary

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

da street address of t	he register	red agent and of	fice are;	
		· · · · · · · · · · · · · · · · · · ·	•	
United Corp	orate Sei (Name)	rvices, Inc.		12 OCT
		 	,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	, FL	33156		AKIO: 51
)	00 South Dadelai Florida Street Address	(Name) O South Dadeland Blvd. Florida Street Address (P.O. Box Miami, FL	00 South Dadeland Blvd., Suite 508 Florida Street Address (P.O. Box NOT ACCEPTABLE)	(Name) O South Dadeland Blvd., Suite 508 Florida Street Address (P.O. Box NOT ACCEPTABLE) Miami, FL 33156

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RP NEWCO V LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RP NEWCO V LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5042547 8300

121175871

AUTHENTYCATION: 9949448

DATE: 10-31-12

You may verify this certificate online at corp. delaware . mov/authwer shim?