M12000006831

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | <u>-</u> |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | • | |
| | • | |
| | | |

Office Use Only
B. KOHR

DEC 1: 0' 2012'

EXAMINER



000242169470

SUFFICIENCY OF FILING

RECEIVED PERMITTER STATES

12 DEC -7 PM 12: 32
SEGRETARY OF STATE
ALL AHAREY OF STATE



ACCOUNT NO. : I2000000195

REFERENCE: 438766 4304512

AUTHORIZATION :

COST LIMIT

ORDER DATE: November 29, 2012

ORDER TIME : 4:55 PM

ORDER NO. : 438766-030

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME:

FORSALEBYOWNER.COM REFERRAL

SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | |
|--|---------------------------------|
| 1. ForSaleByOwner.com Referral Services, LLC | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC | -") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cop consent of the managers or managing members adopting the alternate name. The alternate name must include "Limite Company," "L.L.C," "LLC.") | y of the writter d Liability |
| 2. Delaware 3. | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4 11/21/2012 5 Perpetual | 3 |
| (Date of Organization) (Duration: Year limited liability company exist or "perpetual") | ase |
| 6. 11/21/2012 · | 泣し |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | 3 |
| 7 435 N. Michigan Avenue, Chicago, IL 60611 | 1, 2, 2) |
| | 1 |
| (Street Address of Principal Office) | |
| 7. The name and usual business addresses of the managing members or managers are as follows: forsalebyowner.com, LLC, Member | . • |
| 435 N. Michigan Avenue, Chicago, IL 60611 | |
| | |
| 0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod be jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languar anslation of the certificate under oath of the translator must be submitted.) | age, a |
| 1. Nature of business or purposes to be conducted or promoted in Florida: To engage in any lawf | |
| act or activity for which a company may be organized under the Delaware LLC Act and permitt | ed . |
| under the Florida LLC Act. | |
| Signature of a member or an authorized representative of a member. | |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the | , |
| penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F. | |
| David P. Eldersveld, Authorized Person | , |

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.

| 1. The name o | of the Limited Liability Company is: |
|-----------------|--|
| forsalebyowne | er.com Referral Services LLC |
| If unavailable, | the alternate to be used in the state of Florida is: |
| 2. The name a | and the Florida street address of the registered agent and office are: |
| | Corporation Service Company |
| | (Name) |
| | 1201 Hays Street |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| | Tallahassee FL 32301 |
| | City/State/Zip |

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.

Corporation Service Company

(Signature)

Sheryl A. Gibbs, Asst. VP

\$ 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 "FORSALEBYOWNER.COM REFERRAL

SERVICES, 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 TWENTY-NINTH

DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"FORSALEBYOWNER.COM REFERRAL SERVICES, LLC" WAS FORMED ON THE

TWENTY-FIRST DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5246049 8300

121277083

AUTHENTICATION: 0022275

DATE: 11-29-12

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