M14000007718

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700265530017

10/21/14--01028--018 **160.00

SECKETARY OF STATE TALLAHASSEE, FLORIDA

OCT 23 AM 9: 20

COVER LETTER

TO: **Registration Section**

Division of Corporations

SWAY 2014 -1 Borrower, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Harman Ratia
Name of Person
Waypoint Homes
Firm/Company
1999 Harrison St
Address
Oakland, CA 94612
City/State and Zip Code
Harman@waypointgroup.com
E-mail address: (to be used for future annual report notification)
mation concerning this matter, please call:

For further inform

Harman Ratia	_{at} 510	252-2200
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate □ \$125.00 Filing Fee Certificate of Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2014

HARMAN RATIA WAYPOINT HOMES 1999 HARRISON STREET OAKLAND, CA 94612

SUBJECT: SWAY 2014-1 BORROWER, LLC

Ref. Number: W14000064468

We have received your document for SWAY 2014-1 BORROWER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 014A00022720

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: SWAY 2014 -1 Borrower, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Jpon Qualification (Date first transacted business in Florida, if prior to registration.) ee sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1999 Harrison St. Oakland CA 94612 1201 Hays St, Tallahassee, FL 32301 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: SWAY 2014-1 Equity Owner, LLC -MGR 1999 Harrison St, Oakland CA 94612 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) TAMEA ROUNE
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 of the Limited Lie SWAY 2014-1 Bo		
If unavailable, the alternate to b	e used in the state of Florida is:	-
2. The name and the Florida str	reet address of the registered agent and office are:	2014 DCT
Corpora	tion Service Company	23 日
	(Name)	三三 三
1201 Ha	rida Street Address (P.O. Box NOT ACCEPTABLE)	9 20 JATE ORIDA
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 605, 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 I

The First State

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

DELAWARE, DO HEREBY CERTIFY "SWAY 2014-1 BORROWER, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2014.

5607981 8300

141266254

AUTHENTICATION: 1778448

DATE: 10-14-14

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