M1500001892

| (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



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SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

COVER LETTER

| WALK IN | | | |
|---|--|--|--|
| ENTITY NAME: OurParents LLC | | | |
| CK #1570 | | | |
| AMOUNT: 125 | | | |
| PLEASE FILE THE ATTACHED AND RETURN: | | | |
| | | | |
| PLAIN COPY | | | |
| _ CERTIFIED COPY | | | |
| PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER. | | | |
| THANK YOU! | | | |
| TINA GOFF, PRESIDENT | | | |

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:

| f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name | e must include "Limited |
|--|--|
| iability Company," "L.L.C," or "LLC.") | The state of the s |
| Delaware 3. | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized) | e) |
| Upon filing | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| 4000 International Parkway | |
| Carrollton, TX 75007 | |
| (Street Address of Principal Office) | |
| • | |
| | ************************************** |
| (Mailing Address) | 3.4 |
| 7. The name, title or capacity and address of the person(s) who has/have authority to man RealPage, Inc., Sole Member | age is/are: |
| 4000 International Parkway, Carrollton, TX 75007 | · |
| 1000 International Larkway, Carronton, 17/2007 | · · · · · · · · · · · · · · · · · · · |
| Attached is an original certificate of existence, no more than 90 days old, duly authentic aving custody of records in the jurisdiction under the law of which it is organized. (A phoceeptable. If the certificate is in a foreign language, a translation of the certificate under onust be submitted) | tocopy is not |
| | • |
| Signature of an authorized person n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury the n aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in | |

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.

| OurParents LLC | Company is: | |
|---|--|----------------------------------|
| If unavailable, the alternate to be use | d in the state of Florida is: | |
| 2. The name and the Florida street a | ldress of the registered agent and office are: | 2015 |
| United Corporate | Services, Inc. (Name) | TILE 2015 MAR 12 SEL MARKS |
| ************************************** | and Blvd. Suite 508 reet Address (P.O. Box NOT ACCEPTABLE) | M 9 41 |
| Miami | FL 33156 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.

Michael A. Barr President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OURPARENTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OURPARENTS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

4592326 8300

150250429

DATE: 02-24-15

ICATION: 2144573

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