

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639

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

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Foreign Limited Liability Company ZIPREALTY LLC Certificate of Status 1 0 Certified Copy 04 Page Count $$\overline{130.00}$ Estimated Charge

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Corporate Filing Menu

Help

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:

1. ZipRealty LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability	y Company." "L.L,C.," or "LLC,")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Liability Company," "L.L.C." or "LLC.")	n Florida. The alternate name must include "Limited
_{2.} Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to re	gistration.)
(Sec sections 605.0904 & 605.0905, F.S. to determine post.)	enalty liability)
Madison, NJ 07940	2015
(Street Address of Principal Office)	and - wante
Madison, NJ 07940	2
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/	have authority to manage is/are:
See attached list of Managers.	
8. Attached is an original certificate of existence, no more than 90 day	it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of must be submitted)	the certificate under oath of the translator
Milunistr	
Signature of an authorized po- (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation arm aware that any false information submitted in a document to the Department of State constitutes a	under the penalties of perjury that the facts stated herein are true
Marilyn J. Wasser, Manag	er
Typed or printed name of signs	te

7. The name, title or capacity and address of the persons who have authority to manage are:

ZipRealty LLC - Managers

<u> </u>	
<u>Name</u>	<u>Address</u>
Nancy Atwood	52 2nd Ave., Waltham, MA 02153
Monica Cunningham	10446 N. 74th St., Suite 100, Scottsdale, AZ 85258
Pamela Jarvis	1445 N. Loop W., Suite 350, Houston, TX 77008
Dan LeBoffe	4340 E. Indian School Rd, Ut 21, Phoenix, AZ 85018
Alexander E. Perriello III	175 Park Ave., Madison, NJ 07940
Linda Schindele	211 E. Colonial Dr., Orlando, FL 32801
Marilyn J. Wasser	175 Park Ave., Madison, NJ 07940
•	

2015 MAY 12 A ID: I

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.

rporate Cre 380 Prosper	ations Network I (Name) ity Farms Road #	nc. 215
380 Prosper	ity Farms Road #	
	ity Farms Road #	and the second
		221E
Florida Street Add		
	iress (P.O. Box NOT ACCEPTABLE)	7 7 17
Beach Gardens	_{FL} 33410	
-	City/State/Zip	5 5
place designated in t gree to act in this capa proper and complete p	his certificate, I hereby accept to acity. I further agree to comply performance of my duties, and I	he appointment as with the provisions of all am familiar with and
	e place designated in t gree to act in this capa proper and complete p	registered agent and to accept service of process for e place designated in this certificate, I hereby accept to gree to act in this capacity. I further agree to comply proper and complete performance of my duties, and I of my position as registered agent as provided for in the service of the language. Lauren Vac

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

(Signature)

Delaware

PACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ZIPREALTY 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 ELEVENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZIPREALTY LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2004.

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

3785231 8300

nay verify this certificate online corp.delaware.qov/authver.shtml

150651364

DATE: 05-11-15

AUTHENTY CATION: 2366647