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(Re	equestor's Name)				
(Ac	idress)	,			
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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15 SEP 21 PM 4: 21

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2015 SEP 22 AM II: 36

K.SALY EXAMINER SEP 23 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 791062 _ 4304512

AUTHORIZATION : Spulle man

COST LIMIT : \$ 125.00

.

ORDER DATE: September 21, 2015

ORDER TIME : 2:49 PM

ORDER NO. : 791062-030

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: HOME PARTNERS GI EQUITY OWNER

2015 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		tion Section of Corporation	as .					
SUBJE		ne Partners GI E	quity Owner 2015 LLC					
			Name of t	Limited Liability	Company			
			eign Limited Liability Comp d to register the above refere					
Please 1	return all co	orrespondence c	oncerning this matter to the	following:				
		Sharon S. Park						
	•		Ne	une of Person				
		Home Partners of America, Inc.						
Firm/Company								
	180 North Stetson Avenue, Suite 3650							
	_			Address				
		Chicago, IL 606	501					
City/State and Zip Code								
	sŗ	oark@homepart	ners.com					
			E-mail address: (to be used	for future annual	report noti	ification)		
For furt	ther informa	ation concerning	this matter, please call:					
	Sharon S	. Park		877 at (234-515	55		
		Name of	Contact Person	Area Code	Day	time 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						
Enclose		k for the followi O Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cerof Status & Certified Copy		

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

٠,٠

	TION 605.0902, FLORIDA STATUTES, ISINESS INTHE STATE OF FLORIDA.		'S SUBMITTED TO REGISTER	'A FOREIGN LIMITED LIABILITY
, Home Partners GI Equi	ity Owner 2015 LLC			
	eign Limited Liability Company; mus	st include "Limited L	iability Company," "L.L.C.,"	or "LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpose or "LLC.")	of transacting busin	ess in Florida. The alternate r	name must include "Limited
2. Delaware		3. 32-0472880	5	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	ile)
4 Upon qualification				
4.	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior 0905, F.S. to determ	to registration.)	FILANII SECRETI
s 180 North Stetson Ave	enue, Suite 3650, Chicago, IL 606		, , , , , , , , , , , , , , , , , , , ,	ESS SE TI
J				P 22
	(Street Address of P	rincipal Office)		
6. 180 North Stetson Aven	nue, Suite 3650, Chicago, IL 6060	01		TO E C
				AMIL: 36
	(Mailing A	Address)	· · · · · · · · · · · · · · · · · · ·	_ <u> </u>
7. Name and street addres	s of Florida registered agent: (P.0	O. Box NOT acce	ptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		. Florida ³²³⁰¹	
Registered agent's accept	(City)		(Zip code)	
Having been named as re this application, I hereby with the provisions of all s	gistered agent and to accept serve accept the appointment as registe statutes relative to the proper and tion as registered agent. Corporation Service Company By:	ered agent and agi I complete perform	ree to act in this capacity. nance of my duties, and I d	I further agree to comply am familiar with and accept Melissa Zender
	(Registe	ered agent's signature	:)	Asst. Vice President
8. The name, title or capa	city and address of the person(s)	who has/have auth	ority to manage is/are:	
William Young, Managing	g Partner; Edward J. Dowd, Senio	or Vice President; I	ohn S. Dowd, Senior Vice	President;
Benjamin Hellweg, Senior	Vice President; Sharon S. Park, Sen	ior Vice President;	Ayoub A. Rabah, Senior Vic	e President
address for all of the abov	e: 180 North Stetson Avenue, Sui	ite 3650, Chicago,	IL 60601	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 day of which it is organized. (If the ce obmitted)	s old, duly authent rtificate is in a fore	icated by the official having ign language, a translation	g custody of records in the of the certificate under oath
	Shew Signature of	- P AM		
	Signature o	of an authorized pers	on	-
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitut	203 (1) (b), Florida es a third degree fe	Statutes. I am aware that a lony as provided for in s.8	iny false information 17.155, F.S.
	Sharon S. Park	•	·	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOME PARTNERS GI EQUITY OWNER 2015

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-FIRST DAY OF SEPTEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME PARTNERS GI EQUITY OWNER 2015 LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2015.

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

2015 SEP 22 AM II: 36

Authentication: 10099069

Date: 09-21-15

5797172 8300 SR# 20150198073

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