# M1500007573

| (                    | 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:      |          |  |  |
|                      |                         |          |  |  |
|                      |                         |          |  |  |
|                      |                         |          |  |  |
| <u></u>              |                         | <u>.</u> |  |  |

Office Use Only



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SUFFICIENCY OF FILENCE

15 SEP 21 PM 4:21

IS SEP 21 PM 1:2

SEP 28 2015 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 791062 430451

AUTHORIZATION :

COST LIMIT : \$/125.00

ORDER DATE: September 21, 2015

ORDER TIME : 2:47 PM

ORDER NO. : 791062-025

CUSTOMER NO: 4304512

#### FOREIGN FILINGS

NAME: HOME PARTNERS GA 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: Registi<br>Divisio           | ration Section<br>on of Corporations  |   |   |                                      |
|----------------------------------|---|---|---|--------------------------------------|
| Ho<br>SUBJECT:                   | ome Partners GA Equity Owner 2015 LLC   |   |   |                                      |
| 30000CT                          | Name of   | Limited Liability C                         | Company   | -                                    |
| The enclosed "A Existence, and c | Application by Foreign Limited Liability Com-<br>check are submitted to register the above refer                          | pany for Authorizat<br>enced foreign limite | tion to Transact Business in Florida,<br>ed liability company to transact busi  | " Certificate of<br>iness in Florida |
| Please return all                | correspondence concerning this matter to the  | following:                                  |   |                                      |
|                                  | Sharon S. Park  |   |   |                                      |
|                                  | N   | lame of Person                              |   | -                                    |
|                                  | Home Partners of America, Inc.  |   |   |                                      |
|                                  | F   | irm/Company                                 |   | -                                    |
|                                  | 180 North Stetson Avenue, Suite 3650  |   |   |                                      |
|                                  |   | Address                                     |   | -                                    |
|                                  | Chicago, IL 60601   |   |   |                                      |
|                                  | City/S  | State and Zip Code                          |   | -                                    |
|                                  | spark@homepartners.com  |   |   |                                      |
|                                  | E-mail address: (to be use  | d for future annual                         | report notification)  | -                                    |
| For further infor                | mation concerning this matter, please call:   |   |   |                                      |
| Sharon                           | n S. Park   | 877<br>at (                                 | 234-5155  |                                      |
|                                  | Name of Contact Person  | Area Code                                   | Daytime Telephone Number  | -                                    |
| Divisio<br>Registr<br>P.O. Bo    | ING ADDRESS:<br>on of Corporations<br>ration Section<br>ox 6327<br>assee, FL 32314  |   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                                      |
|                                  | eck for the following amount: 5.00 Filing Fee \$\Boxed{\subsetence 1 \subseteq 130.00 Filing Fee & Certificate of Status} | S155.00 Filing<br>Certified Copy            | g Fee & \$\sum \$160.00 Filing Fee, Coordinates & Certified Co  |                                      |

## 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:

| , Home Partners GA Equ   | <i>USINESS INTHE STATE OF FLORIDA</i><br>uity Owner 2015 L.L.C      | :  |  |  |
|--|---|--|--|--|
| <u> </u>   | eign Limited Liability Company; mus                                 | st include "Limite                         | d Liability Company," "L.L.C.,"                                  | or "LLC.")   |
| (If name unavailable, enter a  | Iternate name adopted for the purpose                               | e of transacting b                         | usiness in Florida. The alternate                                | name must include "Limited   |
| Liability Company," "L.L.C,  |   |  |  |  |
| 2. Delaware  |   | 3. 35-2539                                 | 131  |  |
| company is organized)  | of which foreign limited liability                                  |  | (FEI number, if applicat   | ole)   |
| 4. Upon qualification  |   | <del></del>                                |  | <del></del>  |
|  | (Date first transacted busine<br>(See sections 605.0904 & 605.      | ss in Florida, il pi<br>0905, F.S. to dete | nor to registration.)<br>ermine penalty liability)               |  |
| 5. 180 North Stetson Ave   | enue, Suite 3650, Chicago, IL 606                                   | 501  |  |  |
|  |   |  |  |  |
|  | (Street Address of P  | rincipal Office)                           |  | <del>- 1</del>   |
| 6. 180 North Stetson Ave   | nue, Suite 3650, Chicago, IL 606                                    | 01   |  |  |
|  |   |  |  |  |
|  | (Mailing A  | Address)                                   |  |  |
| 7. Name and street address   | ss of Florida registered agent: (P.                                 | O. Box <u>NOT</u> a                        | cceptable)   | C S S  |
| Name:  | Corporation Service Company   |  | -  | 70 N   |
| Office Address:  | 1201 Hays Street  |  |  |  |
|  | Tallahassee   |  | , Florida 32301  |  |
|  | (City)  |  | (Zip code)   | - 15 To 15 T |
| Registered agent's accep   | stance:<br>egistered agent and to accept serv                       |  | ion the above stated comparati                                   |  |
| this application, I hereby   | accept the appointment as regist                                    | ered agent and                             | agree to act in this capacity.                                   | I further agree to comply  |
| with the provisions of all.  | statutes relative to the proper and                                 | d complete perf                            | formance of my duties, and I                                     | am familiar with and accept  |
| the obligations of my posi   | <i>ition as registered agent.</i><br>Corporation Service Compan     | v 111                                      | 7  | - Meliono 7  |
|  | Ву:   | <u> </u>                                   | /w/h   | Melissa Zender   |
|  | (Registe  | ered agent's signa                         | flure)   | - Asst. Vice President   |
| 8. The name, title or capa   | acity and address of the person(s)                                  | who has/have a                             | uthority to manage is/are:                                       |  |
| William Young, Managin   | ng Partner; Edward J. Dowd, Seni                                    | or Vice Preside                            | nt; John S. Dowd, Senior Vice                                    | President;   |
| Benjamin Hellweg, Senior   | Vice President; Sharon S. Park, Ser                                 | nior Vice Preside                          | nt; Ayoub A. Rabah, Senior Vi                                    | ce President   |
| address for all of the above   | ve: 180 North Stetson Avenue, Su                                    | ite 3650, Chica                            | go, IL 60601   | - <del></del>  |
|  | <u> </u>  |  |  | <del></del>  |
| <ol> <li>Attached is a certificate<br/>jurisdiction under the law<br/>of the translator must be s</li> </ol> | •   | ertificate is in a                         | foreign language, a translatior                                  | ng custody of records in the of the certificate under oath   |
|  | Shew Signature  | 1 al                                       | -<br>-   |  |
|  | Signature   | of an authorized                           | person   |  |
| This document is executed submitted in a document to   | d in accordance with section 605.0 the Department of State constitu | 203 (1) (b), Flo                           | rida Statutes. I am aware that are felony as provided for in s.8 | any false information<br>17.155, F.S.  |
|  | Sharon S. Park  | <del>-</del>                               |  |  |

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "HOME PARTNERS GA 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 GA 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.

Authentication: 10099055

Date: 09-21-15

#### COVER LETTER

|                   | gistration Section<br>vision of Corporations  |   |                                    |   |   |  |
|-------------------|---|---|------------------------------------|---|---|--|
| SUBJECT:          |   | quity Owner 2015 LLC  |                                    |   | - <u>-</u>  |  |
|                   |   | Name of L   | imited Liability (                 | Сотрапу                                       |   |  |
|                   |   | ign Limited Liability Compa<br>to register the above refere |                                    |   |   |  |
| Please retur      | n all correspondence co   | ncerning this matter to the f                               | ollowing:                          |   |   |  |
|                   | Sharon S. Park  |   | •                                  |   |   |  |
|                   |   | Na  | me of Person                       |   |   |  |
|                   | Home Partners of  | f America, Inc.   |                                    |   |   |  |
|                   | Firm/Company  |   |                                    |   |   |  |
|                   | 180 North Stetso  | n Avenue, Suite 3650  |                                    |   |   |  |
|                   |   |   | Address                            |   |   |  |
|                   | Chicago, IL 6060  | )1  |                                    |   |   |  |
|                   |   | City/Sta  | ate and Zip Code                   |   |   |  |
|                   | spark@homepartne  | ers.com   |                                    |   |   |  |
|                   |   | E-mail address: (to be used                                 | for future annual                  | report noti                                   | fication)   |  |
| For further i     | nformation concerning   | this matter, please call:                                   |                                    |   |   |  |
| Sh                | aron S. Park  |   | 877<br>at (                        | 234-515                                       | -   |  |
|                   | Name of (   | Contact Person  | Area Code                          | Dayt  | ime Telephone Number  |  |
| Div<br>Rep<br>P.C | ALLING ADDRESS: vision of Corporations gistration Section b. Box 6327 llahassee, FL 32314 |   |                                    | Division of Registration Clifton Bu 2661 Exec | ADDRESS: of Corporations on Section ailding cutive Center Circle se, FL 32301 |  |
|                   |   | g amount: ☐ \$130.00 Filing Fee & Certificate of Status     | ☐ \$155.00 Filin<br>Certified Copy | g Fee &                                       | ☐ \$160.00 Filing Fee, Co<br>of Status & Certified Cop                        |  |