1415000007574

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800277240978

TO ACCOME TO FILTRO SUFFICIONO Y OF FILTRO 15 SEP 21 PH \$ 21

ROEVE

15 SEP 21 PM 1:21

SEP 23 2015

Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 791062 4304512

AUTHORIZATION : Cypuble

COST LIMIT : \$ Y25.00

ORDER DATE: September 21, 2015

ORDER TIME : 2:51 PM

ORDER NO. : 791062-040

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: HOME PARTNERS GI 2015 LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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:

Registration Section

Div	ision of Corporatio	ns							
UBJECT:	Home Partners G1 2	2015 LLC							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company							
The enclosed Existence, ar	I "Application by Fo nd check are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authorization	on to Tri Lliabilit	ansact Business in Florida," Certificat y company to transact business in Flo				
Please return	all correspondence	concerning this matter to the	following:						
	Sharon S. Park								
		Name of Person							
	Home Partners of America, Inc.								
		Firm/Company							
	180 North Stet	180 North Stetson Avenue, Suite 3650							
			Address						
	Chicago, IL 60	Chicago, IL 60601							
		City/S	tate and Zip Code						
	spark@homepar								
		E-mail address: (to be use	for future annual re	port no	tification)				
For further in	nformation concerning	g this matter, please call:							
Sharon S. Park		877 at ()	234-51	55					
	Name o	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							
	check for the follow 125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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. Home Partners GI 2015							
(Name of Fore	eign Limited Liability Company; must	inclu	ide "Limited Liab	oility Company," "L.L.C.,	or "LLC	.")	
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of "LLC.")	of tre	insacting busines	s in Florida. The alternate	name mus	st include "L	imited
2 Delaware		3	35-2540238				
	of which foreign limited liability	٠.		(FEI number, if applica	ble)		_
4. Upon qualification							
	(Date first transacted business (See sections 605.0904 & 605.09	∶in F 905,	lorida, if prior to F.S. to determine	registration.) penalty liability)			
5. 180 North Stetson Ave	nue, Suite 3650, Chicago, IL 6060	1		· · · · · · · · · · · · · · · · · · ·			
	(Street Address of Pri	incip	al Office)				
5. 180 North Stetson Aver	nue, Suite 3650, Chicago, IL 60601	1		···			
	(Mailing Ac	idres	s)				
7. Name and street addres	s of Florida registered agent: (P.O	. Bo	x <u>NOT</u> accepta	able)			
Name:	Corporation Service Company					- 1	
Office Address:	1201 Hays Street			-	ALL	<u> </u>	
Office Address.	Tallahassee			Florida 32301	J.	AS SEP	many nere E f
	(City)			, Florida 32301 (Zip code)		P2I	e toper i progri
Registered agent's accep	tance: gistered agent and to accept servic	22.01	t nno nace for the	a above stated corporat		7 -< 25/2020 (19 00)	e Gastemia
his application, I hereby	accept the appointment as register	red a	igent and agree	to act in this capacity.	I furtite	er agree to	comply,
with the provisions of all	statutes relative to the proper and	com	plete performa	nce of my duties, and I	am fam	iliar will a	nd accep
he obligations of my posi	tion as registered agent. Corporation Service Company		117		Ö	lelissa Za	andan
	By:	<u></u>	gent's signature)	<i>V</i>		. Vice Pi	
	(vegisiei	ու ան	gent s signature)		Asst	vice Pi	residen
•	acity and address of the person(s) w			=			
William Young, Managin	g Partner; Edward J. Dowd, Senior	Vic	e President; Jo	nn S. Dowd, Senior Vic	e Preside	ent;	
Benjamin Hellweg, Senior	Vice President; Sharon S. Park, Seni	or V	ice President; A	youb A. Rabah, Senior V	ice Presid	dent	
address for all of the abov	e: 180 North Stetson Avenue, Suit	e 36	50, Chicago, IL	, 60601			
	of existence, no more than 90 days of which it is organized. (If the centum tited)						
	Alan.	_	Puk_				
	Signature of	fan:	authorized persor	·)			
This document is executed	in accordance with section 605.02	n2 /	11/h1 Florido 9	Statutes I am aware that	any falos	e informatio	m
	the Department of State constitute						***

Typed or printed name of signee

Sharon S. Park

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOME PARTNERS GI 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 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: 10099125

Date: 09-21-15

5797170 8300 SR# 20150198155